No. 300
10.48

FILED AUG 29 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 26343

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 5186 Registrar's No. 299

1. PLACE OF DEATH
a. COUNTY Cape Girardeau 0160
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL — RANDOL
c. LENGTH OF STAY (in this place) 12 1/15
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Cape Gir.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cape Girardeau 0160
d. STREET ADDRESS (If rural, give location) Rural Route 0

3. NAME OF DECEASED (Type or Print) a. (First) ROSA b. (Middle) c. (Last) HUEY

4. DATE OF DEATH (Month) (Day) (Year) Aug 19-1951

5. SEX Small 1
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH May 12-1879
9. AGE (In years last birthday) 12 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Cape Girardeau County
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Henry Fern Kohl
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Kohl, Huey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. no
17. INFORMANT'S SIGNATURE OR NAME Fred Koeppel — ADDRESS Cape Gir. Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertensive cardiovascular disease.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
1. Pulmonary emphysema
2. Mitral insufficiency

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 443X
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/7, 1947 *to* 8/19, 1951, *that I last saw the deceased alive on* 7/14, 1951, *and that death occurred at* 12 55 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) L. H. Kerr M.D.
23b. ADDRESS Cape Girardeau, Mo.
23c. DATE SIGNED 8/24/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 21-1951
24c. NAME OF CEMETERY OR CREMATORY Egypt Mills Lutz
24d. LOCATION (City, town, or county) Egypt Mills (State) Mo

DATE REC'D BY LOCAL REG. 8-24-51
REGISTRAR'S SIGNATURE 44 C. C. Summers
25. FUNERAL DIRECTOR'S SIGNATURE Joe H. Howell ADDRESS Cape Gir. Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

AUG 28 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Jos G. Howell

Licensed Embalmer No. 3290

P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.