S. No. 300
v. 10.48

FILED OCT 6 - 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30965

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 5845 Registrar's No. 211

0740

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

1. PLACE OF DEATH
a. COUNTY: NODAWAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLEARMONT (RURAL)
c. LENGTH OF STAY (in this place): 11 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: NODAWAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLEARMONT 0740
d. STREET ADDRESS (If rural, give location): R.F.D.

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): J.
c. (Last): KUSE

4. DATE OF DEATH (Month) (Day) (Year): SEPT 19 1951

5. SEX: MO
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: 3-6-1893
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months 6 Days 13 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): TALMAGE, NEBR. 1
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: ERNEST KUSE
13b. MOTHER'S MAIDEN NAME: LOUISE WOLFF
14. NAME OF HUSBAND OR WIFE: HELEN KUSE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: ____
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: MISS LILY KUSE, TALMAGE, NEB.

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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:
DUE TO (b) Coronary Heart Disease — years
DUE TO (c) Myocardial Infarction — 8 wk ago.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
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* June 20, 1947, *to* Sept 19, 1951, *that I last saw the deceased alive on* Sept 18, 1951, *and that death occurred at* 640 P m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Kord DO 2
23b. ADDRESS: Elmo Mo
23c. DATE SIGNED: Sept 26-51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 9-22-51
24c. NAME OF CEMETERY OR CREMATORY: GRANT
24d. LOCATION (City, town, or county) (State): TALMAGE NEB.

DATE REC'D BY LOCAL REG.: 9-29-51
REGISTRAR'S SIGNATURE: Bess Holt 229
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: [signature] BURL. JCT MO

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
OCT 1 1951
DISTRICT HEALTH OFFICE
CAMERON, MO.
OCT 27 1951
APR 15 1952
APR 28 1952

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2965

P. O. Address Burl. Jct Mo.

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.