

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34407

State File No. _____

72

Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>3046</u>		REGISTRAR'S NO. _____	
1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California, Mo Walker</u>		c. LENGTH OF STAY (in this place) <u>6 Hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California, Mo Walker</u> <u>0681</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Latham Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>308 East Howard St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Stanley</u> b. (Middle) <u>William</u> c. (Last) <u>Kueffer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 31 1951</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov 5, 1923</u>	
9. AGE (In years last birthday) <u>27</u>		10. MONTHS <u>11</u>		11. DAYS <u>26</u>		12. HOURS & MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>City Mail Carrier</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Postoffice</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Edward H. Kueffer</u>			13b. MOTHER'S MAIDEN NAME <u>Ella Liebby</u>			14. NAME OF HUSBAND OR WIFE <u>Nannie Kueffer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>Yes 2 World War</u>		16. SOCIAL SECURITY NO. <u>567.36.2507</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Nannie Kueffer</u> ADDRESS <u>California, Mo</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>The Meningitis</u> <u>Causative organism undetermined</u> ANTECEDENT CAUSES <u>Coryza and</u> <u>Pneumonia</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>1 week</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) <u>California Moniteau Mo</u>		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Oct. 30, 1951</u> , to <u>Oct 31, 1951</u> , that I last saw the deceased alive on <u>Oct 31, 1951</u> , and that death occurred at <u>3:30 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>R.B. Fulk</u> (Degree or title) _____				23b. ADDRESS <u>California, Mo</u>		23c. DATE SIGNED <u>11-1-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/2/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>California, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov 2-57</u>		REGISTRAR'S SIGNATURE <u>H.R. Pollock</u> <u>202</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Boulton</u> ADDRESS <u>California</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48
FILED NOV 15 1951
Can't read 0681

RECEIVED NOV 14 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed NOV 14 1951

DEC 2 1951

NOV 15 1951

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

Earl Bowlin

Signed.....
Student Embalmer

Licensed Embalmer No. 2126

P. O. Address California

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.