

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42478**
Registrar's No. **397**

FILED JAN 8 1952

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052**

804

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

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 623 E. 18th	
d. FULL NAME OF HOSPITAL OR INSTITUTION 623 E. 18th			

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Claude	c. (Last) Kueck	4. DATE OF DEATH (Month) (Day) (Year) Dec 23 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 2 - 1877	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 7 Days 21	IF UNDER 24 HRS. Hours — Min. —
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) floor worker	10b. KIND OF BUSINESS OR INDUSTRY factory	11. BIRTHPLACE (State or foreign country) Germany	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Henry Kueck	13b. MOTHER'S MAIDEN NAME Gessia Haums	14. NAME OF HUSBAND OR WIFE Clara Kueck
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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. 702-10-9861	17. INFORMANT'S SIGNATURE OR NAME Mrs Clara Kueck	ADDRESS Sedalia
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy		INTERVAL BETWEEN ONSET AND DEATH 2 wks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis		
	DUE TO (c) —		
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 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) —	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —
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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? —
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22. I hereby certify that I attended the deceased from **Dec 11, 1951**, to **Dec 23, 1951**, that I last saw the deceased alive on **Dec 20, 1951**, and that death occurred at **3:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. B. C. Kueck	23b. ADDRESS Sedalia Mo	23c. DATE SIGNED 12/24/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-26-51	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Sedalia Mo
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DATE REC'D BY LOCAL REG. 12-26-51	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Bros	ADDRESS Sedalia
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251-0

JAN 7 1982

RECEIVED

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 7 1982

JAN 18 1982

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 K.P.M. Leary

Licensed Embalmer No. 3153

P. O. Address Sadale 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.