

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5791  
3-0-4-6  
State File No. 5803  
Registrar's No. 20

FILED MAR 11 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>MONITEAU</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau</b>	
b. CITY OR TOWN <b>RURAL-Burrus Fork</b>		c. CITY OR TOWN <b>Rural- Burrus Fork</b> 0680	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>Rural</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>RUDOLPH</b>	b. (Middle) <b>JOHN</b>	c. (Last) <b>KUESTER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MAR. 1 1952</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Mar 14 1898</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>14</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>General Farming</b>	11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>HERMAN KUESTER</b>	13b. MOTHER'S MAIDEN NAME <b>LOUISE BOECKHAUS</b>	14. NAME OF HUSBAND OR WIFE <b>CLARA KUESTER</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>H.A.L. KUESTER</b>	ADDRESS <b>CALIFORNIA MO.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <i>Instantaneous</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Strangulation due to hanging. (Suicide)</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>hanging. (Suicide)</i> 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 <b>E97HX</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>farm</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>5 miles S.E. California Moniteau Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>MARCH 1 1952 8<sup>30</sup> P.M.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Suicide</b>
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22. I hereby certify that I attended the deceased from *death*, 19 *1952*, that I last saw the deceased alive on *8<sup>30</sup>*, 19 *1952*, and that death occurred at *8<sup>30</sup>* a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Kernon Latham M.D.</i> (Degree or title) <b>3</b>	23b. ADDRESS <b>California, Mo.</b>	23c. DATE SIGNED <b>3-3-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/3/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Boeckhaus Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>California Mo.</b>
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DATE REC'D BY LOCAL REG. <b>3/3/52</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Williams Funeral Home</b>	ADDRESS <b>California Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 19 1944

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.....

*H. E. Friedmeyer*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2854

P. O. Address California, Ill.

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.