

No. 309
10.48
FILED DEC 17 1952THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43080

| | | | | | | | |
|--|----------------------------------|---|---|--|---|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>277</u> | | PRIMARY REG. DIST. NO. <u>441</u> | | Registrar's No. <u>47</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Pike</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bowling Green</u> | | c. LENGTH OF STAY (If in this place) <u>1 Yr</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bowling Green</u> | | <u>0820</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike County Rest Home</u> | | | | d. STREET ADDRESS (If rural, give location) <u>Pike County Rest Home</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Julius</u> b. (Middle) _____ c. (Last) <u>Kuhlman</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>December 1, 1952</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never, married</u> | 8. DATE OF BIRTH <u>March 26, 1881</u> | | 9. AGE (In years last birthday) <u>71</u> | 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) <u>None (invalid)</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u> | | 11. BIRTHPLACE (State or foreign country) <u>Central, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Franz Kuhlman</u> | | 13b. MOTHER'S MAIDEN NAME <u>Dora Schneider</u> | | 14. NAME OF HUSBAND OR WIFE <u>NONE</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Howard Palmer Troy, Missouri</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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH _____ |
| 19a. DATE OF OPERATION <u>None</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | | | | | 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) _____ | | _____ | |
| 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 _____, 19____, to _____, 19____, that I last saw the deceased and give on Dec 1, 1952, and that death occurred at 6:30A m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>J. O. Wood</u> | | | | 23b. ADDRESS <u>Bowling Green Mo.</u> | | 23c. DATE SIGNED <u>Dec 2-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>12/1/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Bellfontain Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) - <u>St Louis County, Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>12/9/52</u> | | REGISTRAR'S SIGNATURE <u>Bill Robinson</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Kemper Funeral Home Troy, Missouri.</u> | | ADDRESS | |

(Licensed Embalmer's Statement on Reverse Side)

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

3820
43
0

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, ^Xby.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Joseph J. Marsh

Licensed Embalmer No. 3932.....

P. O. Address Troy, Missouri......

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.