

5. No. 300
v. 10-48

FILED FEB 9 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2095

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4286 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>La Grange</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>La Grange</u> <u>0560</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home - No St. Add</u>		d. STREET ADDRESS (If rural, give location) <u>No St. Add.</u>	
3. NAME OF DECEASED (First) <u>Robert</u> (Middle) <u>James</u> (Last) <u>Cuety</u>			4. DATE OF DEATH (Month) <u>JAN.</u> (Day) <u>29</u> (Year) <u>1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>WHT.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 23, 1891</u>
9. AGE (In years last birthday) <u>55</u> # UNDER 1 YEAR Months _____ # UNDER 1 YEAR Days _____ # UNDER 1 Mth. Hours _____ Mins. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Oskaloosa, Iowa</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Radio</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Daniel Cuety</u>	
13b. MOTHER'S MAIDEN NAME <u>Eve Mason</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Wilbur Francis La Grange Jr</u> ADDRESS _____			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>4 DAYS</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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331X	
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 <u>1/26</u> , 19 <u>53</u> , to <u>1/29</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1/29</u> , 19 <u>53</u> , and that death occurred at <u>4:30</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. L. Edberg M.D.</u> (Degree or title)		23b. ADDRESS <u>La Grange Mo</u>	
23c. DATE SIGNED <u>1/31/53</u>		23d. NAME OF CEMETERY OR CREMATORY <u>La Grange Mo</u>	
23e. LOCATION (City, town, or county) _____ (State) _____		23f. DATE REC'D BY LOCAL REG. <u>2-7-53</u>	
23g. REGISTRAR'S SIGNATURE <u>P.W. Jennings</u> <u>161</u> M.D.		23h. FUNERAL DIRECTOR'S SIGNATURE <u>J. Bennett Bailey</u> ADDRESS <u>La Grange Mo</u>	

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

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FEB 19 1953

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 J. Kenneth Bailey
Licensed Embalmer No. 4748

P. O. Address La Grange, 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.