

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17512**  
Registrar's No. **53-52**

FILED MAY 25 1953

BIRTH NO. _____		REG. DIST. NO. <b>93</b>		PRIMARY REG. DIST. NO. <b>4153</b>		Registrar's No. <b>53-52</b>		
1. PLACE OF DEATH a. COUNTY <b>Dade</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dade</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lockwood</b>		c. LENGTH OF STAY (in this place) <b>10 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lockwood Missouri</b>		0290		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lockwood Memorial Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>Lockwood Missouri</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Elizabeth</b> b. (Middle) _____ c. (Last) <b>Kuhn</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 11-1953</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>Sept 2-1886</b>		
9. AGE (In years) <b>66</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>9</b>		IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House work</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (State or foreign country) <b>Alsac Lorane Germany</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Phillip Kuhn</b>			13b. MOTHER'S MAIDEN NAME <b>Eilzabeth Hoeltzel</b>			14. NAME OF HUSBAND OR WIFE <b>Never Married</b>		
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. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Phed Kuhn</b> ADDRESS <b>Jasper Missouri</b>				
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) <b>Cerebral Hemorrhage</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 hours</b>				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Heartdisease</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 <b>443 X</b>						
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) <b>Lockwood Dade Co</b>				
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 <b>May 11<sup>th</sup></b> , 19 <b>53</b> , to <b>May 11<sup>th</sup></b> , 19 <b>53</b> , that I last saw the deceased alive on <b>May 11<sup>th</sup></b> , 19 <b>53</b> , and that death occurred at <b>11:25 a. m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Max Heilbrunn</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>Lockwood, Mo</b>		23c. DATE SIGNED <b>May 12<sup>th</sup> 53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>May 14-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Carmel</b>		24d. LOCATION (City, town, or county) (State) <b>5 miles west of Wolden City Mo</b>		
DATE REC'D BY LOCAL REG. <b>5-18-53</b>		REGISTRAR'S SIGNATURE <b>J. C. Canada</b> <b>478-9</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>R. H. Haunschild, Lockwood, Mo.</b>				

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

0290

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 ML

working under my personal supervision.

Student Embalmer No. ....

Signed B. L. Hauschild

Signed.....  
Student Embalmer

Licensed Embalmer No. 3134

P. O. Address Rockwood 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.