

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21923

State File No. _____

Registrar's No. 9129

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived... If institution, residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. CITY (If outside corporate limits, write RURAL and give township) Carthage	
c. LENGTH OF STAY (in this place) 5 yrs		0493 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 415 Bois D'Arc St		d. STREET ADDRESS (If rural, give location) 415 Bois D'Arc St	

3. NAME OF DECEASED (Type or Print)	a. (First) HERBERT	b. (Middle) CHRISTAIN	c. (Last) KUEHNLE	4. DATE OF DEATH (Month) (Day) (Year) June 19-1953
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5. SEX male <input type="radio"/>	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 4-1890	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer	10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and State or Foreign Country) Humbolt, Nebraska	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles Kuehnle	13b. MOTHER'S MAIDEN NAME Louisa Seifert	14. NAME OF HUSBAND OR WIFE Bertha L. Young Kuehnle
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 500-01-0698	17. INFORMANT'S SIGNATURE OR NAME Mrs. H.C. Kuehnle, 415 BoisDarc, Mo	ADDRESS Carthage, Mo
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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 15 min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocardial infarction		
	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"/>
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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) Carthage, Jasper, Mo
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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 _____, 19____, to _____, 19____, that I last saw the deceased alive on Dead on gurney, and that death occurred at 1:05 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Grover S. Patterson M.D.</u>	(Degree or title)	23b. ADDRESS Carthage, Mo	23c. DATE SIGNED 6-20-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 6-21-1953	24c. NAME OF CEMETERY OR CREMATORY Nashville Cemetery	24d. LOCATION (City, town, or county) (State) Jasper County, Mo
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DATE REC'D BY LOCAL REG. 6-20-53	REGISTRAR'S SIGNATURE <u>L.B. Clinton M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

FILED JUN 30 1953

RECEIVED 6-29-53
Jasper County Health Office

County File Number 53-6-530

Date Filed 6-29-53

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 Frank W. Kuehl

Licensed Embalmer No. 4440

P. O. Address Carthage, 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.