

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23817

State File No.

FILED AUG 4 - 1953

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mexico</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wellsville</u>	
c. LENGTH OF STAY (In this place) <u>4 weeks</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain County Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Gustave</u>	b. (Middle) <u>Henry</u>	c. (Last) <u>Kuhne</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>July 27 1953</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 22, 1863</u>	9. AGE (In years last birthday) <u>89</u>	10. MONTHS _____	11. DAYS _____	12. HOURS _____	13. MIN. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith (retired)</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Pittstown, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Kuhne</u>	13b. MOTHER'S MAIDEN NAME <u>Wilamenia (unknown)</u>	14. NAME OF _____ WIFE <u>Annie Kuhne</u>
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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>Garland Kuhne</u>	ADDRESS <u>Wellsville, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma prostate</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. <u>Uremia</u>		3 days	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>177x</u>	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) _____
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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 7-24 1953, to 7-27, 1953, that I last saw the deceased alive on 7-27, 1953, and that death occurred at 4 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ernest S. Gault</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Mexico, Mo</u>	23c. DATE SIGNED <u>7-27-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 29, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wellsville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wellsville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 27, 1953</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. ...</u>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

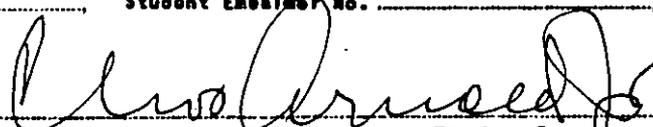
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

..... working under my personal supervision.

Student
Student Embalmer

Signed.....



Licensed Embalmer No. 3569

P. O. Address Mexico

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.