

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32278

FILED OCT 7 - 1953

3034 State File No. 4372 Registrar's No. 64

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>4372</u>		Registrar's No. <u>64</u>	
1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HIGGINSVILLE</u>		c. LENGTH OF STAY (in this place) <u>13 Y.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HIGGINSVILLE</u>		d. STREET ADDRESS (If rural, give location) <u>201 EAST 13TH.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>201 EAST 13TH.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>AUGUST</u> b. (Middle) <u>H</u> c. (Last) <u>KUECK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9 22 53</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITEM</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC. 11, 1877</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>11</u>	IF UNDER 1 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>CONCORDIA, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>HENRY KUECK</u>		13b. MOTHER'S MAIDEN NAME <u>MARY KUECK</u>		14. NAME OF HUSBAND OR WIFE <u>DELLA KUESTER KUECK</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. DELLA KUECK HIGGINSVILLE, MO</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia left lung</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Embolus</u> DUE TO (c) <u>Carcinoma of Prostate metastatic</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>C.V.A. with left hemiplegia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>10 days</u> <u>2 years</u> <u>3 weeks</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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 <u>March 1, 1953</u> to <u>Sept 22, 1953</u> that I last saw the deceased alive on <u>Sept 21, 1953</u> and that death occurred at <u>10<sup>30</sup> a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wilbur E. Fulperson M.D.</u>				23b. ADDRESS <u>Higginsville Mo.</u>		23c. DATE SIGNED <u>9-24-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-24-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CITY</u>		24d. LOCATION (City, town, or county) (State) <u>HIGGINSVILLE, MO</u>		
DATE REC'D BY LOCAL REG. <u>Sept 27-1953</u>		REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Forest H. Hooper HIGGINSVILLE MO</u>			

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 Forrest A. Hooper

Licensed Embalmer No. 4358

P. O. Address HIGGINSVILLE, 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.