

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36639**

FILED NOV 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 100

07320

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

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI.</u> b. COUNTY <u>MCDONALD</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEOSHO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NOEL</u>	
c. LENGTH OF STAY (in this place) <u>16 DASH</u>		d. STREET ADDRESS (If rural, give location) <u>2600</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SALES-MEMORIAL</u>			

3. NAME OF DECEASED a. (First) <u>HILDA</u> b. (Middle) <u>CHRISTINE</u> c. (Last) <u>KUHN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-14-53</u>	
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>10-25-1890</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>62 11 19</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>	11. BIRTHPLACE (State or foreign country) <u>BAVARIA-GERMANY</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>W.J. KUHN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W.J. KUHN-NOEL</u>	ADDRESS <u>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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>unknown</u>		
	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 <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 10-2, 1953, to 10-14, 1953, that I last saw the deceased alive on 10-14, 1953, and that death occurred at 11:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold C. Reitz M.D.</u>	23b. ADDRESS <u>Newton, Mo.</u>	23c. DATE SIGNED <u>10-14-53</u>
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24a. BURIAL, CREMATION, REMOVAL <u>REMOVAL</u>	24b. DATE <u>10-15-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HINSDALE</u>	24d. LOCATION (City, town, or county) (State) <u>HINSDALE-ILL.</u>
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DATE REC'D BY LOCAL REG. <u>11-3-53</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>R. M. Humphrey</u>	ADDRESS <u>Mo.</u>
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RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 1153-203

Date Filed NOV 6 1953

NEOSHO, MISSOURI

NOV 17 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 Mayne E. Humphrey

Licensed Embalmer No. 42162

P. O. Address Pineville, 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.