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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41792**

FILED DEC 1 - 1953

BIRTH NO.		REG. DIST. NO. 323	PRIMARY REG. DIST. NO. 4474	Registrar's No. 33
1. PLACE OF DEATH a. COUNTY SALINE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY SALINE		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SWEET SPRINGS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SWEET SPRINGS 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION 112 WEST JEFFERSON		d. STREET ADDRESS (If rural, give location) 112 WEST JEFFERSON		
3. NAME OF DECEASED (Type or Print) a. (First) HERMAN b. (Middle) GERHARD c. (Last) KUCK		4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 23, 1953		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 5, 1880	9. AGE (In years last birthday) 73 if UNDER 1 YEAR Months 7 Days 18 if UNDER 1 YEAR Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY LABORER - RETIRED		11. BIRTHPLACE (City and State or Foreign Country) COLE CAMP, MO
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME GERVERT KUCK		
13b. MOTHER'S MAIDEN NAME KATHERINE GRIMKEN		14. NAME OF HUSBAND OR WIFE LYDIA JULIA EDING		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 500-26-3997		17. INFORMANT'S SIGNATURE OR NAME Mrs. Herman Kuck - Sweet Springs, Mo. ADDRESS Sweet Springs, Mo.
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) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerotic heart disease DUE TO (c) long standing		INTERVAL BETWEEN ONSET AND DEATH immediate
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: 4200		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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 9am 11/22, 1953 , to 9:15am 11/22, 1953 , that I last saw the deceased alive on 11/22, 1953 , and that death occurred at 9:15 A.M. , from the cause and on the date stated above.				
23a. SIGNATURE H. Parker, M.D. (Degree or title)		23b. ADDRESS Sweet Springs, Mo.		23c. DATE SIGNED 11/23/53
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE NOVEMBER 25, 1953		24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW
24d. LOCATION (City, town, or county) SWEET SPRINGS MO		24e. (State) MO		
DATE REC'D BY LOCAL REG. 11/28/53		REGISTRAR'S SIGNATURE H. Parker		25. FUNERAL DIRECTOR'S SIGNATURE H. Parker ADDRESS Sweet Springs, Mo.

(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

L. F. Parker

Licensed Embalmer No.

3840

P. O. Address

Sweet Springs,

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.