

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4353

BIRTH NO. FILED MAR 8 1954 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (In this place) 69 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1014 Monroe St.		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City	
		d. STREET ADDRESS (If rural, give location) 1014 Monroe St.	
3. NAME OF DECEASED (Type or Print) Catherine Kbschner Kuehn		4. DATE OF DEATH Feb. 25, 1954	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 12 1864	
9. AGE (In years last birthday) 89		10. MONTHS 8	
11. BIRTHPLACE (City and State or Foreign Country) Stringtown, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Kirschner		13b. MOTHER'S MAIDEN NAME Elizabeth Hoffman	
14. NAME OF HUSBAND OR WIFE Cass Kuehn		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO NO	
16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cass Kuehn Jefferson City, 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) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease DUE TO (c) Cerebral Compression 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 443 X	
19c. INTERVAL BETWEEN ONSET AND DEATH 4 days		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 Feb 21, 1954, to Feb 25, 1954, that I last saw the deceased alive on Feb 25, 1954, and that death occurred at 6:30 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) L. B. T. Uelba M.D.		23b. ADDRESS Jefferson City, Mo.	
23c. DATE SIGNED 2-27-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 27, 1954	
24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.	
DATE REC'D BY LOCAL REG March 1-1954		REGISTRAR'S SIGNATURE R. P. Norris M.D.	
25. (UNERAL DIRECTOR'S SIGNATURE) Victor Busch		ADDRESS Jefferson City, 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 Bill C. Dranson

Licensed Embalmer No. 4764

P. O. Address Jaffron City, 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.