

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26324

State File No.

FILED AUG 23 1954

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 890

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Doniphan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 19 days	d. CITY OR TOWN Atchison
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Josephs Hospital		e. STREET ADDRESS (If rural, give location) 1139 Commercial	

3. NAME OF DECEASED (Type or Print) a. (First) Mae b. (Middle) G. c. (Last) Kuttner			4. DATE OF DEATH (Month) (Day) (Year) August 12, 1954		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 21, 1881	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) dressmaker		10b. KIND OF BUSINESS OR INDUSTRY self employed	11. BIRTHPLACE (City and State or Foreign Country) Quincy, Illinois		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Aaron Winetroub		13b. MOTHER'S MAIDEN NAME Flora unknown		14. NAME OF HUSBAND OR WIFE Henry	
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. 510-16-2584		17. INFORMANT'S SIGNATURE OR NAME Blanche Beckenstein, Atchison, Kansas	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH 1951	
		ANTECEDENT CAUSES 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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1+3x		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 7:24 8-12, 1954, to 8-12, 1954, that I last saw the deceased alive on 8-12, 1954, and that death occurred at 9:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE Harold J. Brunner		(Degree or title) M.D.		23b. ADDRESS St. Joseph, Mo.	
23c. DATE SIGNED 8-13-54		24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 8/13/1954	
24c. NAME OF CEMETERY OR CREMATORY Leavenworth, Kansas		24d. LOCATION (City, town, or county) (State)			

DATE REC'D BY LOCAL REG. Aug 17, 1954		REGISTRAR'S SIGNATURE Carver M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Norton-Bowman	
				ADDRESS St Joseph	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Bruce

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
Signature of Student Embalmer

Signed *James P. Hawkins*

Licensed Embalmer No. *45*

P. O. Address *317 S. 10th*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.