

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41053**
5475

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 5475
1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 8 yrs.		e. STREET ADDRESS (If rural, give location) 8342 KENWOOD		
d. FULL NAME OF HOSPITAL OR INSTITUTION 8342 KENWOOD		f. STREET ADDRESS 8342 KENWOOD		
3. NAME OF DECEASED (Type or Print) a. (First) THEOPHIL		b. (Middle) JOHN	c. (Last) KUGLER	4. DATE OF DEATH (Month) (Day) (Year) NOV. 28, 1954
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH April 9, 1895	9. AGE (In years last birthday) 59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSPECTOR		10b. KIND OF BUSINESS OR INDUSTRY INTER STATE COMMERCE COMM.	11. BIRTHPLACE (City and State or Foreign Country) Cooper Hill, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME THEODORE C. KUGLER		13b. MOTHER'S MAIDEN NAME LYDIA GRADEN	14. NAME OF HUSBAND OR WIFE AUGUSTA MARIE KUGLER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) U.S.A.		16. SOCIAL SECURITY NO. 348-05-3123	17. INFORMANT'S SIGNATURE OR NAME Mrs. Augusta Marie Kugler	
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) Acute Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis and Hypertensive Heart Disease DUE TO (c) Healed posterior Infarction II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH none 8 years 7 years 4201
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 Feb 1947 to Nov. 28, 1954 , that I last saw the deceased alive on Nov. 23, 1954 , and that death occurred at 9:50 a.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Florence E. Mac Innis M.D.		23b. ADDRESS 1103 Grand	23c. DATE SIGNED 11/29/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-29-54	24c. NAME OF CEMETERY OR CREMATORY Valhalla Burial Park	24d. LOCATION (City, town, or county) (State) Belleville, Illinois	
DATE REC'D BY LOCAL REG. 11-28-54		REGISTRAR'S SIGNATURE Reva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE DW. NEWCOMER'S SONS	
				ADDRESS 1331 13th St. CREEK KANSAS CITY, MO

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Florence E. Mac Innis

DEC 2 1952

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.....
John B Lewis

Licensed Embalmer No. 4875

P. O. Address KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.