

FILED SEP 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30053

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5630 Registrar's No. 150

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lebanon T. S.</u>	c. LENGTH OF STAY (in this place) <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Lebanon</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lebanon Rt. 2</u>		STREET ADDRESS (If rural, give location) <u>Lebanon Rt. 2</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Josephine</u>	b. (Middle)	c. (Last) <u>Kuhn</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 7 1955</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>Widowed</u>	8. DATE OF BIRTH <u>Dec. 25 1862</u>	9. AGE (in years last birthday) <u>92</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Rolla Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Simon Gorman</u>	13b. MOTHER'S MAIDEN NAME <u>Not Known</u>	14. NAME OF HUSBAND OR WIFE <u>Samuel Kuhn</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Marie Walken Lebanon</u>	ADDRESS <u>Mo. Rt. 2</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart dis.</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of skin & ulceration on forehead.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from 8-28-1955 to 9-7-1955 that I last saw the deceased alive on 9-6-1955 and that death occurred at 11.30 PM from the causes and on the date stated above.

23a. SIGNATURE <u>B B Hurst M.D.</u> (Degree or title)	23b. ADDRESS <u>Lebanon, Mo.</u>	23c. DATE SIGNED <u>9-10-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/10/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-10-1955</u>	REGISTRAR'S SIGNATURE <u>Hella L. Gray</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>S. P. Palmer</u>	ADDRESS <u>Lebanon Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received 9-19-55
Laclede County Health Unit
File No. 150
Date Filed 9-19-55

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 S. B. Palmer

Licensed Embalmer No. 222

P. O. Address Lebanon

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.