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FILED DEC 13 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37364**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4273 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CONCORDIA</u>	c. LENGTH OF STAY (in this place) <u>10 MONTHS</u>	c. CITY OR TOWN <u>CONCORDIA</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>301 WEST 7<sup>th</sup> ST.</u>		e. STREET ADDRESS (If rural, give location) <u>301 WEST 7<sup>th</sup> ST. 0540</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GUSTAVE</u> b. (Middle) <u>HENRY</u> c. (Last) <u>KUECK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 7 1955</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 22, 1892</u>	9. AGE (In years) (Last birthday) <u>63</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>FARMING Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CONCORDIA, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>J. HENRY KUECK</u>	13b. MOTHER'S MAIDEN NAME <u>CAROLINE SCHNEIDER</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. MARTHA KUECK</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MARTHA KUECK</u>	ADDRESS <u>CONCORDIA, MO</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>3 min</u> <u>5 to 10</u> <u>10-90</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardium</u> DUE TO (c) <u>Atherosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</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) <u>✓</u>	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) (Min.)	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 4/6, 1955 to 12/7, 1955, that I last saw the deceased alive on 12/6, 1955 and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frederick J. Landrum M.D.</u>	(Degree or title) <u>2</u>	23b. ADDRESS <u>Concordia Mo.</u>	23c. DATE SIGNED <u>12/9/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>DEC 10, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. PAUL'S</u>	24d. LOCATION (City, town, or county) (State) <u>CONCORDIA, MO</u>
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DATE REC'D BY LOCAL REG. <u>Dec 10-1955</u>	REGISTRAR'S SIGNATURE <u>Clayton Landrum</u>	154	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. James</u>	ADDRESS <u>Concordia, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 10 1958

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 me, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed E. S. James

Licensed Embalmer No. 205

P. O. Address Concordia

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.