

FILED DEC 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40261

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3073 Registrar's No. 185

1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived). If institution: residence before admission. a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Marshall)		c. LENGTH OF STAY (In this place) 1 day		c. CITY OR TOWN Arrow Rock		d. 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 Saline hospital				e. STREET ADDRESS (If rural, give location) Streets not numbered 0970			
3. NAME OF DECEASED (Type or Print) a. (First) Earl b. (Middle) D. c. (Last) Kuhn			4. DATE OF DEATH (Month) (Day) (Year) Nov. 26th, 1956				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 24, 1895		9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Days 11	IF UNDER 24 HRS. Hours 2 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Light tender		10b. KIND OF BUSINESS OR INDUSTRY Coast guard		11. BIRTHPLACE (City and State or Foreign Country) Arrow Rock, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Daniel Kuhn		13b. MOTHER'S MAIDEN NAME Rebecca Jane Bulger		14. NAME OF HUSBAND OR WIFE Altha Wells Kuhn			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 494-I2-0911		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Earl Kuhn, Arrow Rock, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma				INTERVAL BETWEEN ONSET AND DEATH 5 min. 1 yr.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 33ix				20. AUTOPSY? YES <input 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) (Min.)		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 <u>July</u> , 1955, to <u>Nov 26</u> , 1956, that I last saw the deceased alive on <u>Nov 26</u> , 1956, and that death occurred at <u>11-32Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Richard D. Truitt, D.O.				23b. ADDRESS Marshall, Mo		23c. DATE SIGNED 11-27-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 29, 1956	24c. NAME OF CEMETERY OR CREMATORY Arrow Rock cemetery		24d. LOCATION (City, town, or county) (State) Arrow Rock, Missouri		
DATE REC'D BY LOCAL REG. 11-28-56		REGISTRAR'S SIGNATURE Cecil J. Reed		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Campbell-Lewis Marshall, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

529

MAR 8 6 1957
MAR 21 1957
FEB 27 1957
DEC 27 1956

DEC 8 1956

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..... *R.W. Campbell*

Licensed Embalmer No. *346*

P. O. Address *Marshall*

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.