

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40817**

FILED JAN 14 1957

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **74**

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY BOLLINGER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAPE GIRARDEAN		c. CITY OR TOWN LINION TOWNSHIP	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 DAYS		STREET ADDRESS (If rural, give location) NEAR PATTON	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) SOPHIA b. (Middle) DOEIE c. (Last) KUHLMAN	4. DATE OF DEATH (Month) (Day) (Year) DEC. 28, 1956
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED-NEVER-MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH APRIL 21, 1877	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 8 Days 7	IF UNDER 24 HRS. Hours 7 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) BOLLINGER Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME MARION JOHNSON	13b. MOTHER'S MAIDEN NAME CAROLINE KAISER	14. NAME OF HUSBAND OR-WIFE CHAS. H. KUHLMAN (DECEASED)
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. CHRIS SKAGGS - PATTON, MO.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION 4200	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **Dec. 27, 1956**, to **Dec. 28, 1956**, that I last saw the deceased alive on **Dec. 28, 1956**, and that death occurred at **7:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Israel M. Hoxworth, M.D.	23b. ADDRESS 74 N. Spring Cape Girardeau, Mo.	23c. DATE SIGNED Jan. 4, 1957
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24a. BURIAL - CREMATION REMOVAL (Specify) BURIAL	24b. DATE 12/30/56	24c. NAME OF CEMETERY OR CREMATORY YOUNT LUTHERAN	24d. LOCATION (City, town, or county) (State) PERRY COUNTY, MO.
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DATE REC'D BY LOCAL REG. 1-7-57	REGISTRAR'S SIGNATURE C. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Adairson - FREDERICKTOWN, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Raymond Wilson*

Licensed Embalmer No. *488*

P. O. Address *Frederick*

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.