

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42455**

FILED DEC 17 1956

BIRTH NO. _____ REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **5987** Registrar's No. **165**

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Indiana b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Union)		c. CITY OR TOWN Shelbyville	
c. LENGTH OF STAY (in this place) 10 days		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 none.		No. STREET ADDRESS (If rural, give location) 222 Walker Street	

3. NAME OF DECEASED (Type or Print) a. (First) Elmer	b. (Middle)	c. (Last) Kuhn	4. DATE OF DEATH (Month) (Day) (Year) 11 29 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6/28/1893
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker Ret.		10b. KIND OF BUSINESS OR INDUSTRY Trucking	11. BIRTHPLACE (City and State or Foreign Country) Shelby County, Indiana
			12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Selma Frances Kuhn
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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) Yes W. W. I	16. SOCIAL SECURITY NO. 309-01-5439	17. INFORMANT'S SIGNATURE OR NAME Mr. Donald Kuhn, Dixon, Missouri	ADDRESS
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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 INSTANT
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		420.1	

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.) home of son's fur	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Dixon, Missouri Pulaski Missouri
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 ~~born~~ on **11/29**, 19 **56**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **2:45 P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) B. Hedges County Coroner	23b. ADDRESS Richland, Missouri	23c. DATE SIGNED 12/2/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11/30/1956	24c. NAME OF CEMETERY OR CREMATORY Unknown	24d. LOCATION (City, town, or county) (State) Shelbyville, Indiana
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DATE REC'D BY LOCAL REG. 12-3-56	REGISTRAR'S SIGNATURE Gene G. Anderson	25. FUNERAL DIRECTOR'S SIGNATURE Fred H. Gilbert, Dixon, Missouri	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

RECEIVED 12-8-56
Pulaski County Health Officer
165
File Number
Date Filed 12-3-56

DEC 19 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 *Maurice E. Schurbaum*

Licensed Embalmer No. 4525

P. O. Address Dixon, Missouri

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.