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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031636
STATE FILE NUMBER

FILED SEP 25 1958 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 191

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN: Mexico (If outside corporate limits, give TOWNSHIP only) — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: Audrain Hospital — Length of stay in 1b: 4 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Montgomery
c. CITY OR TOWN: New Florence — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): Danville Township — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Fred Middle: William Last: Kebusch

4. DATE OF DEATH: Month: Sept. Day: 17 Year: 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: March 8, 1885
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clay worker
10b. KIND OF BUSINESS OR INDUSTRY: Clay business
11. BIRTHPLACE (City and state or country): New Florence, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Henry Kebusch
13b. MOTHER'S MAIDEN NAME: Carolina Keller
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Raymond Kebusch Address: New Florence, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Vascular Accident	4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerosis	Unknown
DUE TO (c)	331X	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-14-58, to 9-17-58 and last saw her/him alive on 9-17-58
Death occurred at 6:05 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: H. D. Swan (Degree or title) DO
22b. ADDRESS: Mexico Mo
22c. DATE SIGNED: 9-18-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept. 20, 1958
23c. NAME OF CEMETERY OR CREMATORY: New Florence Cemetery
23d. LOCATION (City, town, or county) (State): New Florence, Missouri

24. FUNERAL DIRECTOR: Schlanker Funeral Home ADDRESS: Montgomery City Missouri
25. DATE RECD. BY LOCAL REG.: Sept 18-1958
26. REGISTRAR'S SIGNATURE: Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. 4136

P. O. Address Montgomery Ala

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.