

9260
Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036719

FILED OCT 28 1958 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 487

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		c. CITY OR TOWN Independence 700 S	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Crestview Nursing Hse.		d. STREET ADDRESS (If outside, give location) 1101 So. Crysler	
3. NAME OF DECEASED (Type or print) First EDITH Middle M. Last KUEHNL		4. DATE OF DEATH Month Oct. Day 19 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 22, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and state or country) Kansas City, Kansas
13a. FATHER'S NAME John R. Matney		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Edward A. Kuehn
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. G. L. Seward, 1110 W. 26th, Indep., Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular accident			INTERVAL BETWEEN ONSET AND DEATH 1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic cardiovascular system			
DUE TO (c) 4221			
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 4-11-58 to 10-19-58 and last saw her alive on 9/27/58 Death occurred at 10:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Vance E. Link, M.D. (Degree or title) Drs. Grabske & Link		22b. ADDRESS 10901 Winner, Independence, Mo.	22c. DATE SIGNED 10-20-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-22-58	23c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Kansas
24. FUNERAL DIRECTOR Geo. C. Carson & Sons, Indep., Mo.		25. DATE RECD. BY LOCAL REG. 10-22-58	26. REGISTRAR'S SIGNATURE J. W. S. [Signature]

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Dean W. Huff*

Licensed Embalmer No. *4914*

P. O. Address *Indy, Mo.*

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.