

**R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-026047**

**FILED VS JUL 30 1959**

Registration District No. 248 Primary Registration District No. 4369 Registrar's No. 13

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Newton</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Seneca</b>	Length of stay in 1b <b>6 mo.</b>	c. CITY OR TOWN <b>Seneca</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

<b>3. NAME OF DECEASED</b> (Type or print)	First <b>Charles</b>	Middle <b>Augustine</b>	Last <b>Kuhn</b>	<b>4. DATE OF DEATH</b>	Month <b>July</b>	Day <b>2</b>	Year <b>1959</b>
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>Sept. 29, 80 78</b>	<b>9. AGE (last birthday)</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and state or country) <b>Alton, Ill.</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>Edward Kuhn</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Minerva Smith</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Goldie Kuhn</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT</b> <b>Mrs. Goldie Kuhn, Seneca, Mo.</b>	Address
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial failure.</b>	DUE TO (b) <b>Chr. arteriosclerotic cardiovascular disease.</b>	DUE TO (c)	INTERVAL BETWEEN ONSET AND DEATH <b>About 1 hr</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			<b>Over 4 years.</b>

<b>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> but not related to the terminal disease condition given in PART I (a) <b>Chronic hemorrhagic ileitis.</b>	<b>PART III. If deceased was female was there a pregnancy in last 90 days.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)
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<b>20c. TIME OF INJURY</b> Hour p.m.	Month, Day, Year
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<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>	COUNTY	STATE
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**21. I attended the deceased from** Jan. 1957 to 7-2-59 and last saw her him alive on 4-14-59  
Death occurred at 1:35 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> (Inscribed or title) <i>B. Chle...</i>	<b>22b. ADDRESS</b> <b>410 Jackson, Joplin, Mo.</b>	<b>22c. DATE SIGNED</b> <b>7-17-59</b>
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<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>23b. DATE</b> <b>July 5, 1959</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Kirk Cemetery</b>	<b>23d. LOCATION</b> (City, town, or county) (State) <b>Newton County, Missouri</b>
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<b>24. FUNERAL DIRECTOR</b> <i>W. H. ...</i>	ADDRESS	<b>25. DATE RECD. BY LOCAL REG.</b> <b>7-20-59</b>	<b>26. REGISTRAR'S SIGNATURE</b> <i>Mrs. Irene Russell</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*W. E. Biddle*

Licensed Embalmer No. 217

P. O. Address Seneca

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.