

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039452

FILED VS. NOV 23 1959

82

Registration District No. Primary Registration District No. 3017

Registrar's No. 165

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Jooper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jooper			
b. CITY (If outside corporate limits, give TOWNSHIP only) Boonville		Length of stay in 1b 1 hr.		c. CITY OR TOWN Bunceton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RFD			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HERMAN Middle FRED Last KAHLE				4. DATE OF DEATH Month November Day 14 Year 1959			
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/15/91	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY agriculture		11. BIRTHPLACE (City and state or country) Cooper County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Kahle			13b. MOTHER'S MAIDEN NAME Johanna Kunrath			14. NAME OF HUSBAND OR WIFE Minnie Kahle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) yes		16. SOCIAL SECURITY NO. unknown		17. INFORMANT Address Leon Kahle RFD Bunceton, 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) Coronary Artery Heart Disease						INTERVAL BETWEEN ONSET AND DEATH ± 3 1/2 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 _____ a.m. _____ p.m. _____	Month, Day, Year _____						
20d. INJURY OCCURRED WHILE AT WORK <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 9-20-59 , to 11-14-59 and last saw her/him alive on 11-2-59 Death occurred at 4:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) B. M. Stuart, M.D.				22b. ADDRESS 329 Main, Boonville, Mo.		22c. DATE SIGNED 11-16-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 11/16/59	23c. NAME OF CEMETERY OR CREMATORY Zion Lutheran Cemetery		23d. LOCATION (City, town, or county) (State) RFD Bunceton, Mo.			
24. FUNERAL DIRECTOR B. W. Thacher ADDRESS Boonville, Mo.			25. DATE RECD. BY LOCAL REG. 11/16/59		26. REGISTRAR'S SIGNATURE B. W. Thacher		

(Licensed Embalmers Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 23 1951 SA

NOV 08 1951 SA

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 Berry W. Huete

Licensed Embalmer No. 394

P. O. Address Boonville

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.