

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014758

FILED VS MAY 2 1960

STATE FILE NUMBER

Registration District No. 110 Primary Registration District No. 482 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Haven R. # 1		Length of stay in 1b		c. CITY OR TOWN New Haven R# 1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Nettie Middle D. Last Cuno				4. DATE OF DEATH Month April Day 22 Year 1960				
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-28-1977	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months 7 Days 24 Hours Min. 	IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home Making		11. BIRTHPLACE (City and state of country) Fulton Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME William D ebo			13b. MOTHER'S MAIDEN NAME Nancey Jones			14. NAME OF HUSBAND OR WIFE Charles A. Cuno		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 494-42-5066		17. INFORMANT Address Allen Cuno New Haven 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) Arteriosclerotic cardiovascular renal disease 10 years							INTERVAL BETWEEN ONSET AND DEATH	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 2/4/54 to 4/22/60 and last saw her ^{her} alive on 4/21/60 Death occurred at 12:30 P .m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE B.P. Eisenmann M.D. (Degree or title)				22b. ADDRESS New Haven, Mo.			22c. DATE SIGNED 4/23/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-26-1960	23c. NAME OF CEMETERY OR CREMATORY New Haven Cemetery		23d. LOCATION (City, town, or county) New Haven Mo. (State)				
24. FUNERAL DIRECTOR L. C. Fertig & Son New Haven Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 4-26-1960		26. REGISTRAR'S SIGNATURE Lawrence Brueger Deputy		

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 MBC _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Carl P. Seitz

Licensed Embalmer No. 336

P. O. Address New Haven

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.