

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022799

FILED VS. JUN 23 1960

119

Primary Registration District No. 57993

Registrar's No. 15

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Gasconade				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Roark		Length of stay in 1b 3 Months		c. CITY OR TOWN Morrison		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Frene Valley Home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last SOPHIA KUHLMANN				4. DATE OF DEATH Month Day Year June 13, 1960				
5. SEX Female	6. COLOR OR RACE Cau.	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-16-1877	9. AGE (last birthday) 87		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School teacher			10b. KIND OF BUSINESS OR INDUSTRY Education		11. BIRTHPLACE (City and state or country) Hermann, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Kuhlmann			13b. MOTHER'S MAIDEN NAME Henryetta Hovel			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT Address Urban Rost--Hermann, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro Vascular Thrombosis							INTERVAL BETWEEN ONSET AND DEATH 4 hours	
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) Arteriosclerotic heart disease						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. 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 1-5-60 to 6-13-60 and last saw ^{her} alive on 6-12-60 Death occurred at 4:55 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Carol T. Shaw, M.D.				22b. ADDRESS Hermann, Mo.			22c. DATE SIGNED 6-15-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-16-1960	23c. NAME OF CEMETERY OR CREMATORY St. George Cemetery		23d. LOCATION (City, town, or county) (State) Hermann, Missouri			
24. FUNERAL DIRECTOR ADDRESS Hugo H. Blumer Hermann, Mo.				25. DATE RECD. BY LOCAL REG. 6-15-60		26. REGISTRAR'S SIGNATURE Delma Uffelmann		

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 Roger W. Blume

Licensed Embalmer No. 50

P. O. Address Amman

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.