Dept. Health, Ed., & Welfare
U. S. Public Health Service

V. S. 300
Rev. 1-57

191

FILED VS AUG 16 1960

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

-60-029528
STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 190

1. PLACE OF DEATH
a. COUNTY Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Audrain County / — Length of stay in 1b 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Boone
c. CITY OR TOWN Centralia 0100 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 311 South Jenkins — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Irvin Middle Stanley Last Kuhne
4. DATE OF DEATH Month Aug Day 5 Year 1960
5. SEX Male
6. COLOR OR RACE Caucasian
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] / DIVORCED [ ]
8. DATE OF BIRTH May 1, 1890
9. AGE (In years last birthday) 70 — IF UNDER 1 YEAR Months 3 Days 4 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Messenger
10b. KIND OF BUSINESS OR INDUSTRY P.O. Department
11. BIRTHPLACE (City and state or country) Martinsburg, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME L.A. Kuhne
13b. MOTHER'S MAIDEN NAME Sophia York
14. NAME OF HUSBAND OR WIFE Martha Bronson Kuhne
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 494-22-4194
17. INFORMANT Address Mrs. Martha Kuhne, Centralia, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral embolism — INTERVAL BETWEEN ONSET AND DEATH 8 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Myocardial infarction with paroxysmal tachycardia and pulmonary edema — 12 hours
DUE TO (c) Arteriosclerotic heart disease 4200 — years
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 [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 11/14/54, to 8/5/60 and last saw him alive on 8/5/60
Death occurred at 3 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robt L Ward MD
22b. ADDRESS Centralia, Missouri
22c. DATE SIGNED 8/8/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug 7, 1960
23c. NAME OF CEMETERY OR CREMATORY Centralia
23d. LOCATION (City, town, or county) (State) Centralia, Mo.

24. FUNERAL DIRECTOR ADDRESS Bill O. Meadow Centralia, Missouri
25. DATE RECD. BY LOCAL REG. Aug 7-1960
26. REGISTRAR'S SIGNATURE Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part must be causally related.
Robt L Ward MD
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

AUG 16 1960

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 Bill J. Meador.

Licensed Embalmer No. 4876

P. O. Address Antonia, Missouri

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.