

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042570

FD VS DEC 5 1960 162

5594

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 129

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL-MERAMEC		Length of stay in 1b 12 DAYS	c. CITY OR TOWN TIPTON Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HILL INFIRMARY		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 checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last ANDREW L KUTTENKULER			4. DATE OF DEATH Month Day Year NOVEMBER 20 1960			
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-30-1916	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY BANKER		11. BIRTHPLACE (City and state or country) TIPTON, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME JOHN KUTTENKULER		13b. MOTHER'S MAIDEN NAME HELEN CLAAS		14. NAME OF HUSBAND OR WIFE IRA DUEBER	
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. NONE		17. INFORMANT Address BROTHER LEONARD ST. JOSEPH'S HILL INFIRMARY	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH 3 months
IMMEDIATE CAUSE (a) CARCINOMA OF LUNG.			
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 cardiovascular disease - emphysema			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		
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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 Month, Day, Year a.m. p.m.	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 **11-9-1960** to **11-20-60** and last saw her him alive on **11/17/60**.
Death occurred at **12:05 PM 11/20/60** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Patrick C. Hogan MD. (Degree or title)		22b. ADDRESS 2623 Telegraph Rd Remay		22c. DATE SIGNED 11/21/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11/20/60	23c. NAME OF CEMETERY OR CREMATORIUM St Andrews Cem.	23d. LOCATION (City, town, or county) Tipton	(State) MO
24. FUNERAL DIRECTOR J.C. Richards		ADDRESS Tipton MO	25. DATE RECD. BY LOCAL REG 11-20-60	26. REGISTRAR'S SIGNATURE Robert E. Bauer

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 J E Morris

Licensed Embalmer No. 336
P. O. Address St Louis

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