

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-047122

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STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY Ralls		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Ralls	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New London		Length of stay in 1b 21 yrs	c. CITY OR TOWN New London Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R # 3		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R # 3 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Mary Middle Adelene Last Kuhlman			4. DATE OF DEATH Month 12 Day 26 Year 1960			
5. SEX Female	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 2-22-81	9. AGE (last birthday) 79	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) Housework		10b. KIND OF BUSINESS OR INDUSTRY (Own home)		11. BIRTHPLACE (City and state or country) Pike County, Ill.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Reason Jones		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Henry H. Kuhlman		
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.		17. INFORMANT Address Henry H. Kuhlman New London, Mo.		

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
IMMEDIATE CAUSE (a) terminal pneumonia			1 wk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	general debility	4 yrs
		osteo arthritis	5 yrs
	DUE TO (c)	arterio sclerosis	5 yrs

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	
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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 _____ 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.) 8/4/59	20f. CITY, TOWN, OR LOCATION 12/19/60	COUNTY 12/19/60	STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 11:17 A m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE J. E. Bultman M.D. (Degree or title)	22b. ADDRESS 115 N. 5th St., Hannibal, Mo	22c. DATE SIGNED 12/27/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-29-1960	23c. NAME OF CEMETERY OR CREMATORY Kinderhook Cemetery	23d. LOCATION (City, town, or county) (State) Kinderhook, Ill.
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24. FUNERAL DIRECTOR Clark Funeral Home - Hannibal, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 1/3/61	26. REGISTRAR'S SIGNATURE Clyde C. Wilkey hmw.
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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



Licensed Embalmer No. 4217

P. O. Address Hannibal, Mo

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