

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048959

Registration District No. 162 Primary Registration District No. 6595 Registrar's No. 25 STATE FILE NUMBER

FILED VS MAR 16 1961

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ROCK TOWNSHIP</u>		c. CITY OR TOWN <u>ST LOUIS</u>	
Length of stay in lb <u>?</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ARNOLD MO TEN BROOK ROAD</u>		d. STREET ADDRESS (If outside, give location) <u>UNKNOWN</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Oswald</u> Middle <u>Edgar</u> Last <u>Kuehn</u>			4. DATE OF DEATH Month <u>DEC</u> Day <u>31</u> Year <u>1960</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB 9 1907</u>	9. AGE (last birthday) <u>54</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNKNOWN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNKNOWN</u>		11. BIRTHPLACE (City and state or country) <u>UNKNOWN</u>	
12. CITIZEN OF WHAT COUNTRY <u>US</u>		13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>			
16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT Address <u>CORONERS OFFICE JEFFERSON Co. Mo</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) multiple gun shots to the head

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
CIRCUMSTANCES UNKNOWN.

20c. TIME OF INJURY Hour _____ 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.)
FARM.

20f. CITY, TOWN, OR LOCATION COUNTY STATE
Meramec Twp. Jeff. MO.

21. I attended the deceased from Inquest to _____ and last saw her/him alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
James C. Belton M.C. Coone

22b. ADDRESS
Festus MO

22c. DATE SIGNED
2-13-61

23a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

23b. DATE
JAN 3, 1961

23c. NAME OF CEMETERY OR CREMATORY
RAUSCHENBACH

23d. LOCATION (City, town, or county) (State)
IMPERIAL MO

24. FUNERAL DIRECTOR ADDRESS
HEILIGTAG FUNERAL HOME IMPERIAL MO

25. DATE RECD. BY LOCAL REG
2-13-61

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.

Not Embalmed

Student _____
Signature of Student Embalmer

Signed *Arthur W. Heiligtag*

Licensed Embalmer No. *3872*

P. O. Address *Imperial M*

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.