

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025904

STATE FILE NUMBER

Registration District No. 38V Primary Registration District No. 9039 Registrar's No. 28

FILED AUG 15 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>LINN</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MARCELINE</u>	a. STATE <u>MISSOURI</u>	b. COUNTY <u>CHARITON</u>
Length of stay in 1b		c. CITY OR TOWN <u>INDIAN GROVE MO</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>FLORENCE REST HOME</u>		d. STREET ADDRESS <u>2 MI WEST.</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <u>CHARLES DANIEL</u>	Middle <u>KUHLER</u>	Last <u>KUHLER</u>	4. DATE OF DEATH	Month <u>8</u>	Day <u>6</u>	Year <u>1961</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-24-1880</u>	9. AGE (last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (City and state or country) <u>CHARITON COUNTY U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>WILLIAM KUHLER</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZEBETH HENNECK</u>	14. NAME OF HUSBAND OR WIFE <u>Leola</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	7. INFORMANT <u>Mrs Charles P. Kuhlert</u>	Address
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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)	<u>Acute Myocardial Infarction</u>	<u>24 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Generalized Arteriosclerosis with encephalomalacia</u>	<u>indefinite</u>
	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. <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.)
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20c. TIME OF INJURY: Hour e.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
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21. I attended the deceased from 7:15 to 8/6/61 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 <u>Blennon A. Horner, M.D.</u>	(Degree or title)	22b. ADDRESS <u>Marceline, Mo</u>	22c. DATE SIGNED <u>8/8/61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>8-8-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>KEYTESVILLE Ceme</u>	23d. LOCATION (City, town, or county) <u>BRUNSWICK MO.</u>	(State)
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24. FUNERAL DIRECTOR <u>L.E. McCURRY</u>	ADDRESS <u>BRUNSWICK MO.</u>	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE <u>Anna Watson</u>
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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 L. E. M. Curry

Licensed Embalmer No. 4806

P. O. Address Brunswick

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.