

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036249

STATE FILE NUMBER

AMENDED

Registration District No. 70 Primary Registration District No. _____ Registrar's No. 27

FILED OCT 24 1961

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <u>Clark</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kahoka</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mitchel Rest Home</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u> c. CITY OR TOWN <u>Wyaconda, Missouri</u> d. STREET ADDRESS (If outside, give location)			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Berilda</u> Middle <u>Kugler</u> Last _____			4. DATE OF DEATH Month <u>Oct</u> Day <u>14</u> Year <u>1961</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9-9-1880</u>		9. AGE (last birthday) <u>81</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and state or country) <u>Fulton County, Ill</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Josiah McKinzie</u>			13b. MOTHER'S MAIDEN NAME <u>Ellen Sperin</u>			14. NAME OF HUSBAND OR WIFE <u>Charles Kugler</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Vaughn Kugler, Wyaconda, Mo</u>				
18. CAUSE OF DEATH (Enter only one cause per for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Decomposed (or pulmonary embolism) from chronic</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Chronic pulmonary emphysema</u> <u>years</u> DUE TO (c) <u>Chronic bronchial asthma</u> <u>years</u>								INTERVAL BETWEEN ONSET AND DEATH	
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			
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>3-17-61</u> to <u>10-14-61</u> and last saw her/him alive on <u>10-16-61</u> Death occurred at <u>4:20</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>R. L. Miller et</u>					22b. ADDRESS <u>Kahoka, Mo</u>			22c. DATE SIGNED <u>10-21-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-16-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Wyaconda Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Wyaconda, Missouri</u>			
24. FUNERAL DIRECTOR <u>D. L. Shaffer, Kahoka, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>10/16-61</u>		26. REGISTRAR'S SIGNATURE <u>J. R. Dudgeon</u>				

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 D. Shaffer

Licensed Embalmer No. 5063

P. O. Address Bobo, Mo.

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.