MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-010527

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 524

FILED APR 9 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0397
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield — Length of stay in 1b: 2 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. John's Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Greene
c. CITY OR TOWN: Springfield — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1111 Cherry — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: EARL Middle: W. Last: KUHLMAN

4. DATE OF DEATH: Month: March Day: 30, Year: 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: March 7, 1897
9. AGE (last birthday): 65
IF UNDER 1 YEAR: Months: 0 Days: 23
IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Gift Shop
11. BIRTHPLACE (City and state or country): Concordia, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Joseph Kuhlman
13b. MOTHER'S MAIDEN NAME: Emma Walkenhorst
14. NAME OF HUSBAND OR WIFE: Agnes Kuhlman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Agnes Kuhlman Address: Springfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of the lung — INTERVAL BETWEEN ONSET AND DEATH: 2 mos
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.)
20c. TIME OF INJURY Hour a.m. p.m. 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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Mar 1 1962, to March 30 and last saw him alive on March 30 1962
Death occurred at 4:30 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. Yates Trotter MD
22b. ADDRESS: Prof. Bld Springfield Mo
22c. DATE SIGNED: 4-2-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: April 2, 1962
23c. NAME OF CEMETERY OR CREMATORY: Eastlawn
23d. LOCATION (City, town, or county) (State): Springfield, Missouri

24. FUNERAL DIRECTOR ADDRESS: Gorman-Scharpf Funeral Home, Inc. Springfield, Missouri
25. DATE RECD. BY LOCAL REG.: 4-3-62
26. REGISTRAR'S SIGNATURE: Effie L. Meeton

(Licensed Embalmer's Statement on Reverse Side)

JAN 8 1963

APR 12 1962

Permit mailed 3-21-62

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 L Doolin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield, Ma

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.