

B MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046719

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 147 Primary Registration District No. 4234 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Iron b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton Length of stay in 1b 2 days c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's of the Ozarks Inside Limits No

3. NAME OF DECEASED First Middle Last DAISY LeETTA KUHN 4. DATE OF DEATH Month Day Year December 30, 1962

5. SEX female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 11/24/1880 9. AGE (last birthday) 82

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home 10b. KIND OF BUSINESS OR INDUSTRY own home 11. BIRTHPLACE (City and state or country) Millersville, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John H. Propst 13b. MOTHER'S MAIDEN NAME Nancy Propst 14. NAME OF HUSBAND OR WIFE William Kuhn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. none 17. INFORMANT Address John Kuhn, Arcadia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary artery Conditions, if any, which gave rise to above cause: (a), stating the underlying cause last. DUE TO (b) Atrial hypertention DUE TO (c) Arteriosclerosis, general

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 3-15-49 to 12-30-62 and last saw her alive on 12-30-62 Death occurred at 5:20 P. m on the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE (Degree or title) Ben M. Bull, M.D. 22b. ADDRESS Ironton, Mo. 22c. DATE SIGNED 12-31-62

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 1/2/1963 23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery 23d. LOCATION (City, town, or county) Ironton, Missouri (State)

24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Ironton, Mo. 25. DATE RECD. BY LOCAL REG. 1-3-63 26. REGISTRAR'S SIGNATURE Mrs. Avis Jones

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DATE AMENDED ITEM NO. SHOULD READ BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION

VS 300 Rev. 4/59 1 0470 2 0470 3 4 1 5 2 6 7 0 8 2 9 334X 10 11 12 1-0 13 1-0

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 *Annely White*

Licensed Embalmer No. 3012

P. O. Address Ironton, 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.