

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-000150

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 16

Primary Registration District No. 5076

Registrar's No. 4

FILED FEB 14 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Barton County				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton							
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Richland Twp.		Length of stay in 1b 10 years		c. CITY OR TOWN Jasper		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) Route 3		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) FRED				First FRED Middle KUHN Last KUHN		4. DATE OF DEATH February 1, 1963		Month February Day 1 Year 1963			
5. SEX M		6. COLOR OR RACE W		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4-18-1877		9. AGE (last birthday) 85			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, Ret.		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (City and state or country) Alsace Lorraine, Germany		12. CITIZEN OF WHAT COUNTRY U. S. A.		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>			
13a. FATHER'S NAME Phillip Kuhn				13b. MOTHER'S MAIDEN NAME Elizabeth Hoeltzel		14. NAME OF HUSBAND OR WIFE Fanny Sue Kuhn					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Fanny Sue Kuhn, Jasper, Mo.					
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Due to (b) Atrial Fibrillation Due to (c) Gen. Arteriosclerosis								INTERVAL BETWEEN ONSET AND DEATH sudden Years Years			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Sexuality						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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Month, Day, Year		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					
21. I attended the deceased from 4-13-51 to 2-1-63 and last saw her alive on 1-15-63 Death occurred at about 3:00 am on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Typed or title) Herbert A. Arnold M.D.				22b. ADDRESS Lamar, Mo.				22c. DATE SIGNED 2-1-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-3-1963		23c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery		23d. LOCATION (City, town, or county) Barton County, Missouri					
24. FUNERAL DIRECTOR Chiles Funeral Home, Lamar, Mo.				25. DATE RECD. BY LOCAL REG. Feb. 2 - 1963		26. REGISTRAR'S SIGNATURE Nazel St. Pugh					

USE BLACK INK OR TYPEWRITER RIBBON

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

James D. Child

Licensed Embalmer No.

3473

P. O. Address

Janet 510

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.

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