

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 227

DO NOT WRITE ON THIS STUB

9. 0

10a. 70

10b.

11. 0

12. 1

13. 492X

14.

15. 9

16.

17.

18. 0

19. CREDITS

20. 1-0

VS 300
Rev. 1/68

4. 0421

5. 3
DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

60420

DECEASED—NAME FIRST MIDDLE LAST Leonard Henry Kueck			SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) Sept. 29, 1968	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) White		AGE—LAST BIRTHDAY (YEARS) MOS. DAYS 70	UNDER 1 YEAR HOURS MIN. 9/21/1898	DATE OF BIRTH (MONTH, DAY, YEAR)	
CITY, TOWN, OR LOCATION OF DEATH Windsor, Mo.		INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Windsor Hospital		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Missouri		CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Clovevilla Baucom Kueck	
SOCIAL SECURITY NUMBER 499-07-8436A		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Farmer		KIND OF BUSINESS OR INDUSTRY	
RESIDENCE—STATE Mo.	COUNTY Henry	CITY, TOWN, OR LOCATION Calhoun		INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	STREET AND NUMBER

PARENTS

FATHER—NAME FIRST MIDDLE LAST Charles Kueck			MOTHER—MAIDEN NAME FIRST MIDDLE LAST Sophia Schuette		
INFORMANT—NAME Mrs. Clovevilla Kueck			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Box 94, Calhoun, Missouri		

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

IMMEDIATE CAUSE (a) Respiratory Collapse	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH instant
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST (b) Pulmonary Emphysema, Pulmonary Fibrosis	10 years
(c)	

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

AUTOPSY (YES OR NO) 19b.	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19c.
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ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.
INJURY AT WORK (SPECIFY YES OR NO) 21a.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 21b.	LOCATION 21c.	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)

CERTIFICATION—PHYSICIANS: I ATTENDED THE DECEASED FROM Dec. 1967 TO 9-29-68	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 9-29-68	I DID/DID NOT VIEW THE BODY AFTER DEATH. did	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 8:10 PM
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR OF THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 8:10 PM		THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR Sept. 29, 1968	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 8:10 PM

CERTIFIER

CERTIFIER—NAME (TYPE OR PRINT) Wm. J. Smith, M. D.	SIGNATURE <i>Wm. J. Smith</i>	DATE SIGNED (MONTH, DAY, YEAR) 9-30-68
MAILING ADDRESS—CERTIFIER 103 W. Colt St.	CITY OR TOWN Windsor, Missouri	ZIP 65360

BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	CEMETERY OR CREMATORY—NAME Englewood Cemetery	LOCATION Clinton, Missouri
DATE (MONTH, DAY, YEAR) Oct. 2, 1968	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Gouge Memorial Chapel, Calhoun, Missouri	
FUNERAL DIRECTOR—SIGNATURE <i>Clifford Gouge</i>	REGISTRAR—SIGNATURE <i>Mildred Bigum</i>	DATE RECEIVED BY LOCAL REGISTRAR Oct. 3, 1968

Type or print in PERMANENT BLACK INK. See handbook for instructions.

8 9-11-01

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 Clifford Louge

Licensed Embalmer No. 5014

P. O. Address Windsor, 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.