

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007570

STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 19

AMENDED

**FILED MAR 6 1962**

1. PLACE OF DEATH  
 a. COUNTY Ray  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond T W S P. Length of stay in 1b 2 days  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ray County Memorial Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Lafayette  
 c. CITY OR TOWN Wellington Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) \_\_\_\_\_ Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
IDA KATHERINE KUHLMAN

4. DATE OF DEATH Month Day Year  
February 19, 1962

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 1/19/71 9. AGE (last birthday) 91 IF UNDER 1 YEAR Months 1 Days \_\_\_\_\_ IF UNDER 24 HR Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife retired 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Franklin Co. Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Fred Scholle 13b. MOTHER'S MAIDEN NAME Mary Bueneman 14. NAME OF HUSBAND OR WIFE August Kuhlman

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. NONE 17. INFORMANT Address Mrs. Esther Reinhart Wellington, 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) Cerebral Hemorrhage  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis  
 DUE TO (c) \_\_\_\_\_  
 INTERVAL BETWEEN ONSET AND DEATH 2 weeks  
15 years

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 11-20-1950 to 2-19-1962 and last saw her/him alive on 2-18-62  
 Death occurred at 7 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] D.O. 22b. ADDRESS Wellington, MO 22c. DATE SIGNED 2-22-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2/21/1962 23c. NAME OF CEMETERY OR CREMATORY St. Lukes 23d. LOCATION (City, town, or county) (State) Wellington, Missouri

24. FUNERAL DIRECTOR ADDRESS J. C. Sheppard Wellington, Missouri 25. DATE RECD. BY LOCAL REG. 2-28-1962 26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 29 1962

**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 Jr. Clair Sheppard

Licensed Embalmer No. 4179

P. O. Address Washington, 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.