

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42617

Registration District No. 328

Primary Registration District No. 5461

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Newton, Mo
(c) Name of hospital or institution: Jefferson Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all life years, months or days _____

3. (a) PRINT FULL NAME Alice French
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife deceased 6. (c) Age of husband or wife If alive _____ years
7. Birth date of deceased June 25 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Homemaker
11. Industry or business _____
12. Name Jacob Kuesley
13. Birthplace KY (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Kuesley
15. Birthplace KY (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jay Pentrow
(b) Address Newton, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 22 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Gratten Cem
18. (a) Signature of funeral director C. G. Spaw
(b) Address Newton, Mo
19. (a) 11-22-40 (Date received local registrar) (b) Jane A. Fair (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County Grundy
(c) City or town Newton (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 20 year 1940 hour _____ minute 8 AM
21. I hereby certify that I attended the deceased from several years, 19____, to _____, 19____; that I last saw him alive on Sept 11, 1940 and that death occurred on the date and hour stated above.
Immediate cause of death Arteriosclerosis Duration several yrs
Due to _____
Due to 59
Other conditions Diabetes Mell Duration several yrs
(Include pregnancy within 6 months of death)
PHYSICIAN _____
Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 300
While at work? _____ (Specify type of place) (a) Means of injury _____
23. Signature E. A. Duffy (M. D. or other) _____
Address Newton, Mo Date signed Nov 22 1940

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....
CW Gipsa, Registered Apprentice No.....
working under my personal supervision.

Signed.....
CW Gipsa
Licensed Embalmer No. *3109*
P. O. Address.....
Newton MS

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 this body is not embalmed, above space should be left blank.