

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012192

STATE FILE NUMBER

FILED VS APR 11 1960

297

Primary Registration District No.

6022

Registrar's No.

55

ENDED

1. PLACE OF DEATH a. COUNTY Ray				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Ray					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Township		Length of stay in 1b LIFE		c. CITY OR TOWN Richmond		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 miles north of Richmond			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.F.D. # 1		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Howard Middle Charles Last Kugler			4. DATE OF DEATH Month March Day 29 Year 1960						
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-11-1923	9. AGE (last birthday) 36	IF UNDER 1 YEAR Months 36 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Hours 0 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Veteran's Administration			10b. KIND OF BUSINESS OR INDUSTRY Administration		11. BIRTHPLACE (City and state or country) Ray County Missouri		12. CITIZEN OF WHAT COUNTRY United States		
13a. FATHER'S NAME Charles Kugler			13b. MOTHER'S MAIDEN NAME Stella Schroeder			14. NAME OF HUSBAND OR WIFE Helen Louise Kugler			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give War or basis of service) yes 12-31-1940			16. SOCIAL SECURITY NO. 488-28-0009		17. INFORMANT Address R.R. # 1 Helen L. Kugler, Richmond, Missouri				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound to chest - self in 5/12/60							INTERVAL BETWEEN ONSET AND DEATH Subsided		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
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. <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 checked="" 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 _____ a.m. _____ p.m.		Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 _____, to _____ and last saw him ^{her} alive on _____. Death occurred at 5:00 A .m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Thomas B. Cook, M.D. Coroner				22b. ADDRESS Richmond, Missouri				22c. DATE SIGNED 3/31/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 31, 1960	23c. NAME OF CEMETERY OR CREMATORY Memory Gardens		23d. LOCATION (City, town, or county) Richmond, Missouri			(State)	
24. FUNERAL DIRECTOR Quest Life Funeral Home		ADDRESS Richmond, Missouri		25. DATE RECD. BY LOCAL REG. 4-8-1960		26. REGISTRAR'S SIGNATURE Malcol Jackson			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 12 1960

MAY 12 1960

APR 20 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George H. Hile
Licensed Embalmer No. 4066

P. O. Address Richmond,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.