URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-011855

STATE FILE NUMBER

FILED VS MAR 21 1960 Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 23

ENDED

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Moniteau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: California
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 410 W. Versilles Ave.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Moniteau
c. CITY OR TOWN: California
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 410 W. Versailles
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Sophia Middle: Last: Kuebli

4. DATE OF DEATH: Month: March Day: 16 Year: 1960

5. SEX: female

6. COLOR OR RACE: white

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 7-31-1879

9. AGE (last birthday): 80
IF UNDER 1 YEAR: Months: 7 Days: 15
IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Sandyhook, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Uhris John Kuebli

13b. MOTHER'S MAIDEN NAME: Mary Matti

14. NAME OF HUSBAND OR WIFE:

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: Emma Gattermeir, California, Mo.

MEDICAL CERTIFICATION

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 Hemarrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 DAYS.
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. ☐ 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 January 1, 1960 to March 16, 1960 and last saw her/him alive on March 16, 1960
Death occurred at 10:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph Loeffler M.D.

22b. ADDRESS: California Mo.

22c. DATE SIGNED: 3/17/60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 3-18-1960

23c. NAME OF CEMETERY OR CREMATORY: Masonic

23d. LOCATION (City, town, or county) (State): California Mo.

24. FUNERAL DIRECTOR ADDRESS: A.E.Wilson, California, Mo.

25. DATE RECD. BY LOCAL REG.: 3/18/60

26. REGISTRAR'S SIGNATURE: Helen Lapejoy

(Licensed Embalmer's Statement on Reverse Side)

MAR 22 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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed A. E. Wilson

Signature of Student Embalmer

Licensed Embalmer No. 235I

P. O. Address California, MO

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