

FILED JUN 30 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19716

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>195</u>	
1. PLACE OF DEATH a. CITY <u>Cape Girardeau</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u> c. LENGTH OF STAY (in this place) <u>7 yr</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>116 North Blvd.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u> d. STREET ADDRESS (If rural, give location) <u>116 N Blvd.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sophia</u> b. (Middle) _____ c. (Last) <u>Kiehne</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>23</u> (Year) <u>1952</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan 1 1867</u>		9. AGE (In years, Months, Days) <u>85</u> <u>5</u> <u>22</u>		10. HOUSEHOLD OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Gordonville Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Christian Schlue</u>		13b. MOTHER'S MAIDEN NAME <u>Carolina Henze</u>	
14. NAME OF HUSBAND OR WIFE <u>Charles (Deceased)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Otto Kiehne, Gordonville Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cholecystitis &amp; Cholelithiasis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Generalized Arteriosclerosis</u> Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>584X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>20 May</u> , 19 <u>52</u> , to <u>23 June</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>23 June</u> , 19 <u>52</u> , and that death occurred at <u>3:15</u> a.m., from the causes and on the date stated above.		23a. SIGNATURE (Doctor or title) <u>Chas. E. Kiehne</u>	
23b. ADDRESS <u>24 North Spr 29</u>		23c. DATE SIGNED <u>28 June 52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 25 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Gordonville Lutheran</u>		24d. LOCATION (City, town, or county) (State) <u>Gordonville Mo.</u>		DATE REC'D BY LOCAL REG. <u>6-23-52</u>		REGISTRAR'S SIGNATURE <u>W. C. Summers</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>J. E. &amp; H. H. H. Cape</u>		ADDRESS _____		FUNERAL DIRECTOR'S SIGNATURE _____		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 .....  
Student Embalmer

Signed \_\_\_\_\_

*C. H. Estro*

Licensed Embalmer No. *3568*

P. O. Address *Capt. Sir Kuo*

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, fact should be so stated above.