

FILED FEB 21 1949 STANDARD CERTIFICATE OF DEATH

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

BIRTH NO. _____ REG. DIST. NO. 304 PRIMARY REG. DIST. NO. 6046 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>New Medde Mo</u> <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Callaway 347</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Medde Rural-Callaway 92</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Emmer David</u>		d. STREET ADDRESS (If rural, give location) <u>1 mi. east of New Medde Mo</u>	
3. NAME OF DECEASED a. (First) <u>EMMER</u> (Type or Print) b. (Middle) <u>DAVID</u> c. (Last) <u>KAMPFMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 1 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 29-1909</u>
10a. USUAL OCCUPATION (Give kind of work depending on most of working life, even if retired) <u>FARMING</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>V</u>	11. BIRTHPLACE (State or foreign country) <u>First Hill Mo</u>	
13a. FATHER'S NAME <u>Frank Kampman</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Berghoff</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
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, asthma, etc. It means the disease, injury, or complication which caused death.		14. NAME OF HUSBAND OR WIFE <u>Antoinette Schneider</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Antoinette Kampman</u>		ADDRESS <u>New Medde 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA of LIVER</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of PANCREAS</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1551</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) m.	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>Sept 20, 1948</u> , to <u>FEB 1, 1949</u> , that I last saw the deceased alive on <u>Jan 31, 1949</u> , and that death occurred at <u>12:15 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. Z. Bargeen, D.O.</u>		23b. ADDRESS <u>Wentzville, Mo.</u>	
23c. DATE SIGNED <u>2/2/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Feb-4-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST PATRICKS</u>	24d. LOCATION (City, town, or county) (State) <u>First Hill Mo</u>
DATE REC'D BY LOCAL REG. <u>Feb 11 1949</u>		REGISTRAR'S SIGNATURE <u>Mathew J. Jeff</u> NO. <u>408</u>	
5. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Petman</u>		ADDRESS <u>Wentzville, Mo</u>	

Date Filed
District File Number
District Health Officer No. 9
RECEIVED
FEB 18 1949

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 P. C. Pitman

Licensed Embalmer No. 2711

P. O. Address Wentzville, 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 this body is not embalmed, fact should be so stated above.