

FILED MAY 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12229

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>5552</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>HOWELL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HOWELL</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL MYATT TWP</u>		c. LENGTH OF STAY (in this place) <u>2 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL MYATT TWP</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Koshkonong, Mo. Rt. 1</u>				d. STREET ADDRESS (If rural, give location) <u>Koshkonong, Mo. Rt. 1</u>			
3. NAME OF DECEASED a. (First) <u>GEORGE</u> (Type or Print)			b. (Middle) <u>BEN</u>		c. (Last) <u>KALE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 20, 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>OCT. 13, 1882</u>		9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>6</u> Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>FORT SCOTT, KANS.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>GEORGE KALE</u>			13b. MOTHER'S MAIDEN NAME <u>THEODA LOVELY</u>		14. NAME OF HUSBAND OR WIFE <u>(1) ETHEL ANKE KALE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W.W.I</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Raymond West, La Russell, Mo., Rt. 1</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>MYO-CARDITIS - CHRONIC</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>BRONCHIAL ASTHMA</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4222</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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>7, 19____</u> , and that death occurred at <u>10 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Beatrice Cook</u> (Degree or title)				23b. ADDRESS <u>Coroner, Howell Co. West Plains, Mo.</u>		23c. DATE SIGNED <u>27-4-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>APR. 25, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GOSS CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>LAWRENCE CO., MO.</u>		
DATE REC'D BY LOCAL REG. <u>4-28-49</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		379 25. FUNERAL DIRECTOR'S SIGNATURE <u>Hal Shouburgh</u>		ADDRESS <u>WEST PLAINS, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

46  
000

MAY 4 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.

Signed.....

*Hal Thomburg*

Signed.....

Student Embalmer

Licensed Embalmer No. 3408

P. O. Address WEST PLAINS,

**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.