

No. 300
10.48

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9466

State File No.

540

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

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4266 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY OR TOWN <u>Rural</u>		c. CITY OR TOWN <u>Wellington</u> <u>0540</u>	
c. LENGTH OF STAY (in this place) <u>NO</u>		d. STREET ADDRESS (If rural, give location) <u>Ru ral</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Gustav</u> c. (Last) <u>Kehr</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 14, 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>	8. DATE OF BIRTH <u>June 12, 1861</u>
9. AGE (In years last birthday) <u>88</u>		10. IF UNDER 1 YEAR Days	11. IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Qwensville, Missouri</u> <u>0</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Henry C. Kehr</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Hasfeld</u>	14. NAME OF HUSBAND OR WIFE <u>Theresa Ripperger</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Emma Klos Wellington, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) <u>Cerebral Embolism</u>		<u>7 days</u>	
DUE TO (c)		<u>332X</u>	
II. OTHER SIGNIFICANT CONDITIONS		3 mo.	
Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac Decompensation</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>Nov. 1, 1949</u> to <u>Jan. 14, 1950</u> , that I last saw the deceased alive on <u>Jan. 13, 1950</u> , and that death occurred at <u>10:40 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>RO.</u>		23b. ADDRESS <u>Wellington, Mo.</u>	23c. DATE SIGNED <u>Jan. 17, 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 17 '50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Wellington, Mo.</u>

DATE REC'D BY LOCAL REG. Jan. 17, 1950 REGISTRAR'S SIGNATURE [Signature] 155 FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Wellington, Mo.

(Licensed Embalmer) Statement on Reverse Side

RECEIVED MAR 17

District Health Officer No. 8,

District File Number _____

Date Filed 3-21-50

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 *J. Clair Shippard*

Licensed Embalmer No. 4179

P. O. Address Wellington, 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.