

FILED AUG 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27387
Registrar's No. 158

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035

1. PLACE OF DEATH
a. COUNTY Lafayette
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington
c. LENGTH OF STAY (in this place) over 10 yrs.
d. FULL-NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 18th & Franklin

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Lafayette
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington
d. STREET ADDRESS (If rural, give location) 18th & Franklin

3. NAME OF DECEASED
a. (First) ANASTASIOS b. (Middle) _____ c. (Last) KEHREES

4. DATE OF DEATH July 8, 1950

5. SEX Male 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH May 15, 1889

9. AGE (in years last birthday) 61 10. IF UNDER 1 YEAR Months 1 Days 23 11. IF UNDER 1 HR. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant Owner and operator

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Greece

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Geo. Kehrees

13b. MOTHER'S MAIDEN NAME Not Known

14. NAME OF HUSBAND OR WIFE Zaharala Psihas

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. 72072C

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Zaharala Kehrees, Lex., Mo.

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) Coronary thrombosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis

INTERVAL BETWEEN ONSET AND DEATH
2 yrs

1501

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from July 5, 1950, to July 8, 1950, that I last saw the deceased alive on July 8, 1950, and that death occurred at 1:30 AM from the causes and on the date stated above.

23a. SIGNATURE Ben H. Bressler (Degree or title) M.D.

23b. ADDRESS Lexington, Mo.

23c. DATE SIGNED 7/8/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 10, 1950

24c. NAME OF CEMETERY OR CREMATORY Memorial Park

24d. LOCATION (City, town, or county) (State) Lexington, Mo.

DATE REC'D BY LOCAL REG. Aug. 10, 1950

REGISTRAR'S SIGNATURE M. Eastbrook

25. FUNERAL DIRECTOR'S SIGNATURE Funeral Home Address _____

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

547

Plunk

RECEIVED
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 8-30-50

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.....

.....
working under my personal supervision.

.....
Student Embalmer No.....

Signed.....
Geo. McKean

Signed.....
Student Embalmer

Licensed Embalmer No. 2983

P. O. Address Lansing, Mich

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.