S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 14 1951

State File No. 26908

BIRTH NO. _____ REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 4543 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: WEBSTER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Seymour
c. LENGTH OF STAY (In this place): 12 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Webster
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Seymour
d. STREET ADDRESS (If rural, give location):

1120
8

3. NAME OF DECEASED (Type or Print)
a. (First): CALVIN
b. (Middle): NEWTON
c. (Last): KAHL

4. DATE OF DEATH (Month) (Day) (Year): 7- 22- 51

5. SEX: M
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 9-5-1856
9. AGE (In years last birthday): 94 — If under 1 year: Months 10, Days 17 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTNER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): PENN
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: UNKNOWEN
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: IDA ELNOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: WILSON KAHL — **ADDRESS**: SEYMOUR 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Exhaustion (Malnutrition)

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Bed sores
DUE TO (c) Senility,

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Bed fast, Broken hip

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION: 4-16-51
19b. MAJOR FINDINGS OF OPERATION: " nailed fracture"
E 90.40 21
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) Seymour, Mo (COUNTY) Webster (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April , 14, 1951
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: fell in home

22. *I hereby certify that I attended the deceased from* 4-14, 19 51, *to* 7-22- 1951, 19____, *that I last saw the deceased alive on* 7- 15-, 19 51 *and that death occurred at* 5 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE E. G. Beers (Degree or title) M.D.
23b. ADDRESS: Seymour, Mo.
23c. DATE SIGNED: 7-23-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-24-51
24c. NAME OF CEMETERY OR CREMATORY: SEYMOUR
24d. LOCATION (City, town, or county) WEBSTER (State) MO

DATE REC'D BY LOCAL REG.: 8-5-51
REGISTRAR'S SIGNATURE: Gilbert Jones 34
25. FUNERAL DIRECTOR'S SIGNATURE: Kelley Ferrell Bergman — **ADDRESS**: Seymour MO

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED AUG 11 1951
Dist. File 82-1482
Date Filed 8-11-51

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 K. K. Kelley
Licensed Embalmer No. 3334
P. O. Address Fordland 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.