S. No. 300
EV. 10.48

FILED SEP 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29817

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 238

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Chas. E. Still Osteo. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Moniteau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tipton
d. STREET ADDRESS (If rural, give location): Hiway 50

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle): August
c. (Last): Kammerich

4. DATE OF DEATH (Month) (Day) (Year): Sept. 17 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 3 1884
9. AGE (In years last birthday): 77 — If under 1 year: Months 1, Days 14 — If under 1 hr.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Syracuse Missouri
12. CITIZEN OF WHAT COUNTRY?: USA.
13a. FATHER'S NAME: Peter Kammerich
13b. MOTHER'S MAIDEN NAME: Catherine Bestgen
14. NAME OF HUSBAND OR WIFE: Mary T. Kammerich
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.: None
17. INFORMANT'S SIGNATURE OR NAME: Joseph Kammerich — **ADDRESS**: Tipton 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) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 10 DAYS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General sepsis
DUE TO (c) Peritonitis & chronic urinary retention

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Hypertrophy — 610X

19a. DATE OF OPERATION: 9/10/51
19b. MAJOR FINDINGS OF OPERATION: Gangrenous Gall bladder - Cholelithiasis
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): 0
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/10, 1951, *to* 9/17, 1951, *that I last saw the deceased alive on* 9/17, 1951, *and that death occurred at* 5:45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. A. Michael D.O. 2
23b. ADDRESS: Jefferson City, Mo.
23c. DATE SIGNED: 9/17/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 19 1951
24c. NAME OF CEMETERY OR CREMATORY: St. Andrews
24d. LOCATION (City, town, or county) (State): Tipton Mo

DATE REC'D BY LOCAL REG.: Sept 17 1951
REGISTRAR'S SIGNATURE: R. P. Harris MD-MR
25. FUNERAL DIRECTOR'S SIGNATURE: Victor Buescher — **ADDRESS**: Jefferson City Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-21-51
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 9-21-51

OCT 18 1951

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 Victor Buesche

Licensed Embalmer No. 3701

P. O. Address Jefferson City 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.