

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5336 State File No. 24023

FILED AUG 13 1952

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. ~~415~~ Registrar's No. 25

1280
1

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

1. PLACE OF DEATH a. COUNTY Crawford		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Rural (Meramec Twp)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Meramec. Twp.)-0280	
c. LENGTH OF STAY (in this place) 52 yrs.		d. STREET ADDRESS (If rural, give location) U	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 miles E of Steelville, Mo.			

3. NAME OF DECEASED (Type or Print)	a. (First) HARRY	b. (Middle) COLUMBUS	c. (Last) KEHNER	4. DATE OF DEATH (Month) (Day) (Year)	Aug. 5, 1952.
-------------------------------------	-------------------------	-----------------------------	-------------------------	---------------------------------------	----------------------

5. SEX male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 3, 1887	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 3 Days 2	IF UNDER 18 HRS. Hours Mins.
--------------------	-------------------------------	---	-------------------------------------	---	---	--

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

13a. FATHER'S NAME William Kehner	13b. MOTHER'S MAIDEN NAME Martha Beaman	14. NAME OF HUSBAND OR WIFE Elizabeth Kehner
--	--	---

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. 494-10-5871	17. INFORMANT'S SIGNATURE OR NAME Raymond Kehner, Steelville, Mo.	ADDRESS
--	--	--	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerotic Heart Disease DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) (Min.)	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 Aug 5, 1952, to _____, 19____, that I last saw the deceased alive on Aug 5, 1952, and that death occurred at 1:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE John J. Campbell M.D.	23b. ADDRESS Steelville, Mo.	23c. DATE SIGNED 12 Aug 52
---	-------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/7/1952	24c. NAME OF CEMETERY OR CREMATORY Steelville Cemetery, Steelville, Missouri.	24d. LOCATION (City, town, or county) (State)
---	---------------------------	--	---

DATE REC'D BY LOCAL REG. 8-12-52	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Thomas S. [Signature]	ADDRESS Steelville, Mo.
---	--	---	--------------------------------

AUG 26 1932
AUG 26 1932

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 Thomas S. Hackett

Licensed Embalmer No. 4332

P. O. Address Steelville, 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.