

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25055

FILED JUL 17 1952

BIRTH NO.		REG. DIST. NO. 200		PRIMARY REG. DIST. NO. 5725		Registrar's No. 22			
1. PLACE OF DEATH a. COUNTY <u>Macon</u> <u>0610</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>La.</u> b. COUNTY <u>Polk</u> <u>8120</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u> <u>Macon, Mo</u>		c. LENGTH OF STAY (In the place or township) <u>Hildson</u> <u>9 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Maxwell-Rural</u>		8			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stilk Hildreth Schatzkin</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willis</u>			b. (Middle) <u>Harry</u>		c. (Last) <u>Kaltenhauser</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 1-1952</u>		
5. SEX <u>MO</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar. 22, 1903</u>		9. AGE (In years last birthday) <u>49</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Farming</u>			11. BIRTHPLACE (State or foreign country) <u>Polk Co., Ia.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Kaltenhauser</u>			13b. MOTHER'S MAIDEN NAME <u>Christian Kappelman</u>			14. NAME OF HUSBAND OR WIFE <u>Anna Kaltenhauser</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Anna Kaltenhauser</u>				ADDRESS <u>Maxwell, Ia.</u>	
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) <u>Coronary Thrombosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Peptic Ulcer</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Manic-Depressive psychosis (Depressed phase)</u>						INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>5400</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>6-23-1952</u> , to <u>7-1-1952</u> , that I last saw the deceased alive on <u>7-1-1952</u> , and that death occurred at <u>2:30 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Frank H. Coffin, D.O.</u>				23b. ADDRESS <u>S.H.O.S. Macon, Mo</u>			23c. DATE SIGNED <u>7-1-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>July 1, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maxwell Ceme</u>		24d. LOCATION (City, town, or county) (State) <u>Maxwell, Ia.</u>			
DATE REC'D BY LOCAL REG. <u>7/7/52</u>		REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>		195- <u>195</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Skinner</u>		ADDRESS <u>Macon</u>	

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

RECEIVED 7.24.52  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 7.52.113  
Date Filed 7.16.52

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 Thos. L. Beth

Licensed Embalmer No. 4552

P. O. Address Macon, 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.