

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **18712**

FILED JUL 14 1954

BIRTH NO. _____ REG. DIST. NO. **131** PRIMARY REG. DIST. NO. **4218** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor	
c. LENGTH OF STAY (In this place) 15 years		d. STREET ADDRESS (If rural, give location) 705 E. Jackson	
d. FULL NAME OF HOSPITAL OR INSTITUTION 705 E. Jackson		e. STREET ADDRESS (If rural, give location) 705 E. Jackson	

3. NAME OF DECEASED (Type or Print) a. (First) SALLIE b. (Middle) ALICE c. (Last) KAHL			DATE OF DEATH (Month) (Day) (Year) June 28 1954			
5. SEX Fe	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar 22, 1870	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Henry County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph Baugh		13b. MOTHER'S MAIDEN NAME Henrietta Wallace		14. NAME OF HUSBAND OR WIFE Wesley Kahl	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Jule Wall, Windsor, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic myocarditis				3	
		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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222				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) m.		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 **June 1, 1954**, to **June 28, 1954**, that I last saw the deceased alive on **June 28, 1954**, and that death occurred at **7:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ray B. Jordan		23b. ADDRESS Windsor, Mo.		23c. DATE SIGNED 7-2-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-1-54		24c. NAME OF CEMETERY OR CREMATORY Harmony	
		24d. LOCATION (City, town, or county) (State) Benton County, Mo.			
DATE REC'D BY LOCAL REG. 7-1-54		REGISTRAR'S SIGNATURE Florence Adair		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Huston Turner, Windsor, Mo.	

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

JUL 21 1957

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 William M. Furness

Licensed Embalmer No. 4648

P. O. Address Wendover, W.

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.