

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

22153

| | | | | | | | |
|--|-------------------------------|---|--|--|--|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>42</u> | | PRIMARY REG. DIST. NO. <u>1000</u> | | Registrar's No. <u>819</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | c. LENGTH OF STAY (In this place) <u>36 Yrs</u> | | c. CITY OR TOWN <u>St. Joseph</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>2421 So. 3rd St.</u> | | | | e. STREET ADDRESS (If rural, give location) <u>625 North 13th St.</u> <u>01170</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>J.</u> c. (Last) <u>Kamler</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 20, 1954</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, <u>WIDOWED, DIVORCED</u> (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Feb. 24, 1876</u> | | 9. AGE (In years last birthday) <u>78</u> | 10. UNDER 1 YEAR Months _____ Days _____ | 11. UNDER 20 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired (20) Butcher</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Meats</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Wilhelm Kammler</u> | | 13b. MOTHER'S MAIDEN NAME <u>Johanna Not Known</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mary</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 ADDRESS <u>Miss Adeline Kamler 625 No. 13th City</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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure - Decompensation</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis Gen.</u> DUE TO (c) <u>Myocardial Insuff.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Liver Damage (Cirrhosis?)</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6-8 wks</u> <u>yr</u> <u>yr</u> |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4221</u> | | | | 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 <u>5-21-1954</u> , to <u>7-20-1954</u> , that I last saw the deceased alive on <u>7-20-1954</u> , and that death occurred at <u>6:30 p.</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Robert W. Kieber, M.D.</u> | | | | 23b. ADDRESS <u>St. Joseph, Mo</u> | | 23c. DATE SIGNED <u>7-21-54</u> | |
| 24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>July 23, 54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>July 23, 1954</u> | | REGISTRAR'S SIGNATURE <u>Ester M. Allison</u> <u>485-</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Hidenfaden 1802 Lincoln St. St. Joseph, Mo.</u> | | | |

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

3a
connect
80

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.....
Signature of Student Embalmer

Signed.....
Robert H. Goble
Licensed Embalmer No...3308.....

P. O. Address...St. Joseph, M.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.