

FILED APR 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5432 State File No. 7770

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>4186</u> Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Meramec</u>		c. LENGTH OF STAY (in this place) <u>5 1/2 yr</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural of Sullivan Meramec</u> <u>0360</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway U</u>			d. STREET ADDRESS (If rural, give location) <u>Highway U</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rudolph</u>		b. (Middle) <u>G</u>	c. (Last) <u>Kegelman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3 26 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Nov 15 1873</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>4</u> Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Washington Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Carl Kegelman</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Busch</u>		14. NAME OF HUSBAND OR WIFE <u>Gertrude Mastin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles Kegelman Leslie Mo</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF STOMACH</u>  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 <u>ARTERIO-SCLEROTIC HEART DISEASE</u> <u>BENIGN PROSTATIC HYPERTROPHY, OBSTRUCTIVE</u>				INTERVAL BETWEEN ONSET AND DEATH <u>14 MONTHS</u>  <u>? 35 YEARS</u> <u>6 MOS</u>
19a. DATE OF OPERATION <u>6-30-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>LINAEUS PLASTICA WITH OMPHAL MENISTASES 15/ X</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)	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>3-8</u> , 1954, to <u>3-26</u> , 1955, that I last saw the deceased alive on <u>3-26</u> , 1955, and that death occurred at <u>10 P m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Richard T. Walden</u> <u>496</u> (Degree or title)			23b. ADDRESS <u>Bonston, Missouri</u>		23c. DATE SIGNED <u>3-28-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-29-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cave Springs, Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rural of Sullivan, Mo</u>	
DATE REC'D BY LOCAL REG. <u>3/29/55</u>	REGISTRAR'S SIGNATURE <u>Thomasa Dempsey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thor P. Kasper</u>		ADDRESS <u>Sullivan, Mo</u>

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

**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 \_\_\_\_\_

*me*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Paul F. Krollenberg*

Licensed Embalmer No. *7631*

P. O. Address *Sullivan, 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.