

FILED MAY 5 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11510**

BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 4193 Registrar's No. 14

371

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

1. PLACE OF DEATH a. COUNTY GASCONADE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Mo b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, write RURAL and give township) HERMANN		c. CITY (If outside corporate limits, write RURAL and give township) HERMANN	
c. LENGTH OF STAY (If this place) 44 YRS		d. STREET ADDRESS (If rural, give location) EAST 11th ST	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION EAST 11th ST.		d. STREET ADDRESS (If rural, give location) EAST 11th ST	
3. NAME OF DECEASED (First) (Middle) (Last) DANIEL JOHN FRANK KALLMEYER			4. DATE OF DEATH (Month) (Day) (Year) APRIL 19-1955
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 24-1895
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FACTORY WORKER		10b. KIND OF BUSINESS OR INDUSTRY SHOE FACTORY	11. BIRTHPLACE (City and State or Foreign Country) BERGER Mo
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME John KALLMEYER	
13b. MOTHER'S MAIDEN NAME MARGARET KNEWITZ		14. NAME OF HUSBAND OR WIFE FLORENCE E. KALLMEYER	
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. 487-28-1414	
17. INFORMANT'S SIGNATURE OR NAME FLORENCE KALLMEYER		ADDRESS HERMANN Mo	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES DUE TO (b) CA of large Intestine DUE TO (c) Prostatitis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 24 hrs.		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs.	
INTERVAL BETWEEN ONSET AND DEATH 3 days.		INTERVAL BETWEEN ONSET AND DEATH 3 days.	
19a. DATE OF OPERATION 1953		19b. MAJOR FINDINGS OF OPERATION Metastatic CA of large Intestine 153X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)		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?		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1953</u> , to <u>Apr. 18, 1955</u> , that I last saw the deceased alive on <u>Apr. 18, 1955</u> , and that death occurred at <u>10:45A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE John Bryan		23b. ADDRESS Mo Hermann Mo	
23c. DATE SIGNED 4-20-55		23c. DATE SIGNED 4-20-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-22-55	
24c. NAME OF CEMETERY OR CREMATORY Hermann City Cemetery		24d. LOCATION (City, town, or county) (State) Hermann Mo	
DATE REC'D BY LOCAL REG. 4-26-55		REGISTRAR'S SIGNATURE Delma Gerken	
492		FUNERAL DIRECTOR'S SIGNATURE Hugh H. Schum	
ADDRESS Hermann Mo		ADDRESS Hermann Mo	

MAY 26 1955

VS JUL 15 1960

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 _____

Hugot Penner

Licensed Embalmer No. 3160

P. O. Address Herrmann 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.