

FILED JUL 6 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19285

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4271 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Alma	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Alma	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		No. STREET ADDRESS (If rural, give location) 0540	

3. NAME OF DECEASED (Type or Print) a. (First) Frederich Henry b. (Middle) John c. (Last) Kammeyer			4. DATE OF DEATH (Month) (Day) (Year) 6 21 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 26, 1883	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 0 Days 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Concordia, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Johan Kammeyer		13b. MOTHER'S MAIDEN NAME Carolina Haesemeyer		14. NAME OF HUSBAND OR WIFE Louise Kammeyer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 495-97-3784		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Kenneth Kammeyer Alma, Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH Several years
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			153X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Thrombophlebitis of pelvic veins 9 days					
19a. DATE OF OPERATION 5-23-55		19b. MAJOR FINDINGS OF OPERATION Carcinoma of sigmoid colon & liver metastases			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 **7-12**, 19**52** to **6-21**, 19**55**, that I last saw the deceased alive on **6-20**, 19**55**, and that death occurred at **7:57Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wilbur E. Fulkerson M.D.		23b. ADDRESS Higginsville Mo.		23c. DATE SIGNED 6-22-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/24/1955		24c. NAME OF CEMETERY OR CREMATORY Trinity Lutheran	
24d. LOCATION (City, town, or county) (State) Alma, Lafayette, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Alfred N. Preiner		ADDRESS Alma, Missouri	
DATE REC'D BY LOCAL REG. June 23-1955		REGISTRAR'S SIGNATURE Clayton H. Landrum		54	

AUG 17 1955

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Alfred N. Brewer*.....

Licensed Embalmer No... 269

P. O. Address ... Alma, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.