FILED JUL 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24075
STATE FILE NUMBER

Registration District No. 115 Primary Registration District No. 4187 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY FRANKLIN	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE MO. b. COUNTY MO.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN UNION — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN UNION — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1008 W. STATE ST. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First WILLIAM Middle S. Last KEHNER		4. DATE OF DEATH Month JULY Day 14, Year 1957	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH APRIL 12, 1890
9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 3 Days 2	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY SHOE WORKER	11. BIRTHPLACE (City and state or country) BOURBON, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME WILLIAM KEHNER		14. MOTHER'S MAIDEN NAME MARTHA BEAMON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 498-09-9963	17. INFORMANT TISHIE MAE KEHNER Address UNION, MO.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) — DROWNING — INTERVAL BETWEEN ONSET AND DEATH INSTANT.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ E975X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): ARTERIO SCLEROTIC CARDIOVASCULAR DISEASE

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) APPARENTLY WALKED INTO CITY LAKE EARLY A.M. 7/15/57

20c. TIME OF INJURY Hour a. m. ~~p. m.~~ 6.50 Month, Day, Year 7/15/57

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) CITY LAKE

20f. CITY, TOWN, OR LOCATION UNION COUNTY FRANKLIN STATE MO.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M.D. Steinlick M.D.

22b. ADDRESS Coroner Union, Mo

22c. DATE SIGNED 7/15/57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JULY 16, 1957	23c. NAME OF CEMETERY OR CREMATORY UNION CEMETERY	23d. LOCATION (City, town, or county) (State) UNION, MO.
24. FUNERAL DIRECTOR E. F. Oltmanns ADDRESS UNION, MO.		25. DATE RECD. BY LOCAL REG. 7-18-57	26. REGISTRAR'S SIGNATURE Tom Dundon acting Dir.

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

0361

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed E. F. Oltmann

Licensed Embalmer No. 16

P. O. Address Union

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.