

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022466
STATE FILE NUMBER

FILED JUN 30 1958

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 137

S. 300
1-57
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1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford (Two)		c. CITY OR TOWN MOSCOW MILLS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln Co. Hosp.		d. STREET (If outside, give location) ADDRESS 0570	
3. NAME OF DECEASED (Type or print) First Middle Last Frank Kamp		4. DATE OF DEATH Month Day Year June 16, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 4, 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Park Policeman		10b. KIND OF BUSINESS OR INDUSTRY Police Dept.	11. BIRTHPLACE (City and state or country) MOSCOW MILLS, MO.
13a. FATHER'S NAME Henry Kamp		13b. MOTHER'S MAIDEN NAME Mary ****not known	14. NAME OF HUSBAND OR WIFE
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.	17. INFORMANT Address Lenore Weller, 2727 Murdock, Shrewsbury, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral aneurysm Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) arterio-sclerosis DUE TO (c) Senility PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT <input type="checkbox"/> NOT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from January 57 to June 16/58 and last saw her alive on June 16-58 Death occurred at Bedford Mo on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Death or title) D. L. Leek M.D.		22b. ADDRESS Trinity Mo	
22c. DATE SIGNED 6/16/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE June 19, 1958	23c. NAME OF CEMETERY OR CREMATORY Calvary Cem.	23d. LOCATION (City, town, or county) (State) St. Louis Missouri
24. FUNERAL DIRECTOR M. J. Croghan, Webster Groves, Mo		25. DATE RECD. BY LOCAL REG. June 27, 1958	26. REGISTRAR'S SIGNATURE Charlotte Leek Deputy

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

(Licensed Embalmer's Statement on Reverse Side)

JUN 30 1958

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 *Howard O Kessler*

Licensed Embalmer No. *4631*
P. O. Address *Wentzville*

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.