

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001145

STATE FILE NUMBER

FILED JAN 30 1959

Registration District No. 382 Primary Registration District No. 5548 Registrar's No. 2

300
1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Armstrong, Mo. Prairie Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Fayette ⁰⁴⁵⁰ Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pierce Rest Home Length of stay in 1b 11 months		d. STREET ADDRESS (If outside, give location) R.R. 5 Richmond Twp Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ELESA Middle MARIE Last KAMPSCHMIDT			4. DATE OF DEATH Month JAN. Day 7, Year 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 14, 1877
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator	11. BIRTHPLACE (City and state or country) Franklin County, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator		10b. KIND OF BUSINESS OR INDUSTRY Factory	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Fritz Kampschmidt		13b. MOTHER'S MAIDEN NAME Marie Kaase	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. 332-X	17. INFORMANT Address L. H. Kampschmidt R.R. 5 Fayette, 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 Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH 48 hrs unknown
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 WORK <input type="checkbox"/> NOT WHILE AT 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 Jan 1 1958 to Jan 7 1959 and last saw ^{her} him alive on Jan 7 1959 Death occurred at 9:05 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Thomas D. Deum M.D. (Degree or title)		22b. ADDRESS Fayette, Mo.	
22c. DATE SIGNED 1-9-59			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 1/9/1959	23c. NAME OF CEMETERY OR CREMATORY St. Paul Cemetery	23d. LOCATION (City, town, or county) (State) Gerald, Missouri
24. FUNERAL DIRECTOR Ralph A. Carr ADDRESS Fayette, Mo.		25. DATE RECD. BY LOCAL REG. Jan. 21, 1959	26. REGISTRAR'S SIGNATURE Walker Audley

JAN 30 1959

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 *Ralph A. Carr*

Licensed Embalmer No. *3340*

P. O. Address *Fayette, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.