

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013112

STATE FILE NUMBER

FILED MAY 8 1959

Registration District No. 382

Primary Registration District No. 4228

Registrar's No. 8

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Howard</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Howard</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Glasgow</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Glasgow</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b <i>50 yrs</i>	d. STREET ADDRESS (If outside, give location)
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Aubrey</i> Middle <i>Sylvester</i> Last <i>Kallmeyer</i>			4. DATE OF DEATH Month <i>Apr.</i> Day <i>26</i> Year <i>1959</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Mar. 31, 1879</i>	9. AGE (In years and months) <i>80</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>45</i> Hours <i>9</i>	IF UNDER 24 HRS. Hours <i>0</i> Min. <i>0</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Banker</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Banking</i>	11. BIRTH PLACE (City and state or country) <i>Phenelands Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Dr. F. H. Kallmeyer</i>	13b. MOTHER'S MARRIAGE NAME <i>Frances Heying Hoyer</i>	13c. NAME OF HUSBAND OR WIFE <i>Orville See Kallmeyer</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, No, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>Not available</i>	17. INFORMANT <i>Kenneth Kallmeyer 4171 East 46 St</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Myocardial Infarction</i>		INTERVAL BETWEEN ONSET OF DEATH AND DEATH <i>Tubercular Sudden Death</i>
DUE TO (b) <i>Chronic Sclerotic Heart Disease</i>		<i>?</i>
DUE TO (c) <i>4200</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Previous episode Coronary disease Aug. 1958</i>		

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.)
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20c. TIME OF INJURY Hour <i>4:20</i> Month, Day, Year	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
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21. I attended the deceased from <i>4-11-59</i> , to <i>4-26-59</i> and last saw ^{her} him alive on <i>4-11-59</i> Death occurred at <i>12:30 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>J. Walker</i> (Degree or title)	22b. ADDRESS <i>Glasgow Mo.</i>	22c. DATE SIGNED <i>5-1-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>Apr. 28, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Washington</i>	23d. LOCATION (City, town, or county) (State) <i>Glasgow, Mo.</i>
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24. FUNERAL DIRECTOR <i>Hubaley-Turner</i>	ADDRESS <i>Glasgow Mo</i>	25. DATE RECD. BY LOCAL REG. <i>May 1, 1959</i>	26. REGISTRAR'S SIGNATURE <i>Walker</i>
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(Licensed Embalmer's Signature on Reverse Side)

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.

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 *W. Triemont*

Licensed Embalmer No. *3978*
P. O. Address *Glasgow, 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.