RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–033459

FILED VS OCT 2 1959

Registration District No. _____ Primary Registration District No. 305 Registrar's No. 6047

STATE FILE NUMBER 18

1. PLACE OF DEATH
a. COUNTY St Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cuivre
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Independence Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1208 South Willow Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: John Middle: Edward Last: Kannegieter
4. DATE OF DEATH Month: Sept. Day: 22 Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: June 23, 1913
9. AGE (last birthday): 46
IF UNDER 1 YEAR: Months Days; IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Trucking
11. BIRTHPLACE (City and state or country): Toronto, S. Dakota
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Everet Kannegieter
13b. MOTHER'S MAIDEN NAME: Freida Boedeker
14. NAME OF HUSBAND OR WIFE: Laura Lydia Kannegieter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): None.
16. SOCIAL SECURITY NO.:
17. INFORMANT: Laura L. Kannegieter Address: 1208 South Willow. Independence, 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) ~~XXXXXXXXXXXXXXXXXX~~ Coronary Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased ~~XXXXXX~~ held inquest, to 9/22/59 and last saw her/him alive on
Death occurred at 6:30 a.m. DST m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Marion Muschany Coroner
22b. ADDRESS: Wentzville Mo
22c. DATE SIGNED: 9-22-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9/26/59
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State): Brooking, South Dakota

24. FUNERAL DIRECTOR ADDRESS: T. E. Pitman Funeral Home, Wentzville
25. DATE RECD. BY LOCAL REG.: Sept 26 1959
26. REGISTRAR'S SIGNATURE: Martin F. Duff

(Licensed Embalmer's statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

OCT 2 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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Howard O Kessler

Signature of Student Embalmer

Licensed Embalmer No. 463

P. O. Address Wentzvil

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