

# MARI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 8 1960 **82**

**=60-000810**  
STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. **3017** Registrar's No. **18**

1. PLACE OF DEATH a. COUNTY <b>Cooper</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Cooper</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Boonville</b>		Length of stay in 1b <b>6 days</b>	c. CITY OR TOWN <b>RFD Bunceton, Mo.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph's Hosp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <b>RFD</b>		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>HENRY</b> Middle <b>JOHN</b> Last <b>KAHLE</b>			4. DATE OF DEATH Month <b>Jan.</b> Day <b>31</b> , Year <b>1960</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/29/87</b>	9. AGE (last birthday) <b>72</b>	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during past 12 months, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>agriculture</b>	11. BIRTHPLACE (City and state or country) <b>Cooper County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>William Kahle</b>		13b. MOTHER'S MAIDEN NAME <b>Johanna Kuhnath</b>		14. NAME OF HUSBAND OR WIFE <b>Rosa Schwitzky</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>499-40-3454</b>		17. INFORMANT <b>Mrs. Henry Kahle</b> Address <b>Bunceton, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ANTERIOR MYOCARDIAL INFARCTION, RECURRENT</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 WKS.</b>	
DUE TO (b) <b>ARTERIOSCLEROTIC HEART DISEASE</b>					<b>YEARS.</b>	
DUE TO (c) _____						
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ a.m. _____ p.m. 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	
21. I attended the deceased from <b>Nov. 2, 1959</b> to <b>Jan 31, 1960</b> and last saw <sup>him</sup> alive on <b>Jan. 31, 1960</b> Death occurred at <b>9:30</b> <sup>p</sup> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>S. Heca, M.D.</i> (Degree or title)		22b. ADDRESS <b>329 Main St., Boonville, Mo</b>		22c. DATE SIGNED <b>2/1/60</b>		
23a. BURIAL, CREMATION, OR OTHER FINAL DISPOSITION (Specify) <b>Burial</b>	23b. DATE <b>Feb. 2/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Zion Lutheran Cem.</b>		23d. LOCATION (City, town, or county) <b>Bunceton, Mo. RFD</b> (State)		
24. FUNERAL DIRECTOR <b>B. W. Thacher</b> ADDRESS <b>Boonville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>2-1-60</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Berry W. Thacker

Licensed Embalmer No. 3944

P. O. Address Boonville

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.