JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 29 1960

-60-009437

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 41

ENDED

1. PLACE OF DEATH
a. COUNTY Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall — Length of stay in 1b 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon Hospital — Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First Henry Middle Will Last Kammeyer

4. DATE OF DEATH Month February Day 23 Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Sept. 20, 1877
9. AGE (last birthday) 82 — 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) Warehouse Laborer
10b. KIND OF BUSINESS OR INDUSTRY Warehouse
11. BIRTHPLACE (City and state or country) Marthasville, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Louis Kammeyer
13b. MOTHER'S MAIDEN NAME Johanna Dreval
14. NAME OF HUSBAND OR WIFE none

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. 702-03-9925
17. INFORMANT Lena Kammeyer Address Gilliam, Missouri

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) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH Week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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) Paralytic Ileus
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 from 2-21-60, to 2-23-60 and last saw her alive on 2-25-60
Death occurred at 2 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert W Alstock md
22b. ADDRESS 370 S Odell, Marshall, Mo.
22c. DATE SIGNED 2-24-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE February, 25 1960
23c. NAME OF CEMETERY OR CREMATORY Little Rock
23d. LOCATION (City, town, or county) Saline (State) Missouri

24. FUNERAL DIRECTOR ADDRESS Walter J. Haines Jr. Slater, Mo.
25. DATE RECD. BY LOCAL REG. 2-25-60
26. REGISTRAR'S SIGNATURE Cecil G. Read

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MAR 29 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Walter J. Haines, J

Licensed Embalmer No 4557

P. O. Address Slater, M

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