

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-025817

FILED VS JUL 18 1960

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 400

STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY <u>Boone</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u> | | c. CITY OR TOWN <u>Fulton</u> | |
| Length of stay in lb <u>14 days</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Boone County Hospital</u> | | d. STREET ADDRESS (If outside, give location) <u>Rt.# 3</u> | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First <u>Leo</u> Middle <u>William</u> Last <u>Kallmeyer</u> | | | 4. DATE OF DEATH Month <u>July</u> Day <u>14</u> Year <u>1960</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>May 1, 1915</u> | 9. AGE (last birthday) <u>45</u> | IF UNDER 1 YEAR Months <u>2</u> Days <u>14</u> Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Heavy machinery</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u> | 11. BIRTHPLACE (City and state or country) <u>Fulton, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Fred Kallmeyer</u> | | 13b. MOTHER'S MAIDEN NAME <u>Margie Baker</u> | | 14. NAME OF HUSBAND OR WIFE <u>Elizabeth Kallmeyer</u> | |

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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) <u>Yes World War-II</u> | 16. SOCIAL SECURITY NO. <u>500-10-8485</u> | 17. INFORMANT <u>Mrs. Leo Kallmeyer, Rt. 3, Fulton, Missouri</u> | Address |
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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: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) | <u>Respiratory arrest</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause (last). | <u>Carcinoma of the Lung Rt</u> | <u>6 mos</u> |
| DUE TO (b) | | |
| DUE TO (c) | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Wide spread metastasis</u> | 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 |
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| 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 <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u> | | |

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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION <u>Fulton</u> | COUNTY <u></u> STATE <u></u> |
| 21. I attended the deceased from <u>June, 1960</u> to <u>7-14-60</u> and last saw him alive on <u>7-13-60</u> Death occurred at <u>9:05 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |

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| 22a. SIGNATURE <u>Grafton A. Smith M.D.</u> (Degree or title) | 22b. ADDRESS <u>1015 Cherry Columbia, Mo.</u> | 22c. DATE SIGNED <u>7-14-60</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>July 15, 1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cem.</u> | 23d. LOCATION (City, town, or county) (State) <u>Fulton Mo.</u> |
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| 24. FUNERAL DIRECTOR <u>Maryann Funeral Home, Fulton, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>July 14 1960</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u> |
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DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

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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

Marshall C. Blackwell

MAY 22 1961

Licensed Embalmer No. 4713

P. O. Address Fulton

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.