

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040114

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. _____ Primary Registration District No. 3006 Registrar's No. 704

STATE FILE NUMBER

FILED NOV 27 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Boone</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u> Length of stay in 1b <u>33 days</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>University of Missouri Medical Center</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY OR TOWN <u>Brentwood</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>8746 Florence</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>Adelaide Schwoeppe Kalmer</u>			4. DATE OF DEATH Month Day Year <u>11 21 1961</u>		
5. SEX <u>Female</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>1-1-1914</u>	9. AGE (last birthday) <u>47</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Marthasville Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>William Schwoeppe</u>		13b. MOTHER'S MAIDEN NAME <u>Bernadine Glosemeyer</u>		14. NAME OF HUSBAND OR WIFE <u>Leo Kalmer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT Address <u>University of Missouri Medical Records Columbia Missouri</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MULTIPLE MYELOMA</u>					INTERVAL BETWEEN ONSET AND DEATH <u>11 mo.</u>
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)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <u>11-1-61</u> to <u>11-21-61</u> and last saw her alive on <u>11-21-61</u> Death occurred at <u>12:55</u> <u>8</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22. SIGNATURE (Degree or title) <u>J. E. Broadbent, M.D.</u>			22b. ADDRESS <u>UNIVERSITY HOSPITAL COLUMBIA, MO.</u>		22c. DATE SIGNED <u>11-21-61</u>
23a. BURIAL, CREMATION, REINTERMENT (Specify) <u>Burial</u>		23b. DATE <u>11-22-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ignatius Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Warren County, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Lyman W. Sprinkle Columbia, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 22 1961</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. R E Palmer</u>		

NOV 29 1961

APR 17 1963

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 Richard A. Reeve

Licensed Embalmer No. 5109

P. O. Address Columbia, 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.