

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001012
STATE FILE NUMBER

AMENDED

116
Primary Registration District No. 3020 Registrar's No. 23
Filed JAN 29 1962

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>		2. USUAL RESIDENCE (Where deceased lived, in institution or before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Franklin</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Washington</i>		Length of stay in lb <i>77 yrs.</i>	c. CITY OR TOWN <i>Washington</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Francis Hospital</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If inside, give location) <i>409 Cedar St.</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Walter</i> Middle <i>H.</i> Last <i>Kahmann</i>			4. DATE OF DEATH Month <i>Jan.</i> Day <i>21</i> Year <i>1962</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>6/23/1884</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Bookkeeper</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Gas Company</i>	11. BIRTHPLACE (City and state or country) <i>Washington, Mo. U.S.A.</i>
13a. FATHER'S NAME <i>Gust. F. Kahmann</i>		13b. MOTHER'S MAIDEN NAME <i>Reginald Wallenkamp</i>	14. NAME OF HUSBAND OR WIFE <i>228 Agnes Pl.</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>[Redacted]</i>	17. INFORMANT <i>3 Thomas M. Kahmann, Webster Groves, Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hypostatic pneumonia</i> DUE TO (b) <i>General infirmities of old age.</i> DUE TO (c) <i>Atherosclerotic C.V.R. disease</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Hypertension due to (c) above</i>			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 INTERVAL BETWEEN ONSET AND DEATH <i>29 hrs.</i>
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 _____ Month, Day, Year _____ a.m. _____ p.m. _____			
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 <i>5-14-55</i> to <i>2 Jan 62</i> and last saw him alive on <i>21 Jan 62</i> Death occurred at <i>6:15 P.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS <i>Washington, Mo</i>	22c. DATE SIGNED <i>22 Jan 62</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial Jan 24, 1962 St. Francis Cemetery, Washington, Missouri</i>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <i>Theberg, 211 1/2 Ave. Washington, Mo</i>		25. DATE RECD. BY LOCAL REG. <i>1/23/62</i>	26. REGISTRAR'S SIGNATURE <i>L. W. C. Hudson</i>

MAR 15 1962

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 Lester A. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.