MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-010419
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0371
2 0360
3
4 0
5 2
6
7 0
8 2
9 4200
10
11
12 86-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

Registration District No. 119 Primary Registration District No. 5993 Registrar's No. 22

FILED MAR 21 1962

1. PLACE OF DEATH
a. COUNTY: Gasconade
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hermann — Length of stay in 1b: 30 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Frene Valley Nursing Home — Inside Limits Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print): First: August Middle: F. Last: Kappelmann
4. DATE OF DEATH: Month: March Day: 12 Year: 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9-30-1873
9. AGE (last birthday): 88 — IF UNDER 1 YEAR: Months 5 Days 12 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY: Blacksmith
11. BIRTHPLACE (City and state or country): New Haven Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: William F. Kappelmann
13b. MOTHER'S MAIDEN NAME: Charlotta Groppe
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr. Dan Kappelmann Address: New Haven Mo.

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): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs
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): Acute parotitis, left; Old CVA
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 3-5-62, to ____ and last saw her/him alive on 3-11-62
Death occurred at 2:55 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Carl T. Shaw, M.D.
22b. ADDRESS: Hermann, Mo.
22c. DATE SIGNED: 3-13-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Mar. 14, 1962
23c. NAME OF CEMETERY OR CREMATORY: New Haven Cem.
23d. LOCATION (City, town, or county) (State): New Haven Mo.

24. FUNERAL DIRECTOR ADDRESS: L. C. Fertig & Son New Haven Mo.
25. DATE RECD. BY LOCAL REG.: 3-13-62
26. REGISTRAR'S SIGNATURE: Delma Uffelman

(Licensed Embalmer's Statement on Reverse Side)

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 me, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Earl C. Seitz

Signature of Student Embalmer

Licensed Embalmer No. 3385

P. O. Address New Haven 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.