

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-031679

STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5673 Registrar's No. 119

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 28 1962

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LINCOLN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MONROE TWP.</u>		Length of stay in 1b <u>3 yrs</u>	c. CITY OR TOWN <u>OLD MONROE</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>GNABE FARM.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>NONE</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>THEODORE</u> Middle <u>AR</u> Last <u>KAIMANN</u>			4. DATE OF DEATH Month <u>AUGUST</u> Day <u>22</u> Year <u>1962</u>		
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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>November 28, 1902</u>	9. AGE (last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Lincoln County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Keimann</u>	13b. MOTHER'S MAIDEN NAME <u>Teresa Eggering</u>	14. NAME OF HUSBAND OR WIFE <u>Rose Kaimann</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>no</u>	17. INFORMANT Address <u>9 Rose Kaimann, Old Monroe, Mo.</u>
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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>CRUSHED CHEST • ABD. INJURIES</u>		<u>INST</u>
DUE TO (b) <u>TRACTOR TURNED OVER.</u>		
DUE TO (c) <u>  </u>		
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 type="checkbox"/> No <input type="checkbox"/> Unknown		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>DRIVING TRACTOR ON POND BANK. TRACTOR</u>
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20c. TIME OF INJURY Hour <u>10:15</u> a.m. Month, Day, Year <u>8/22/62</u>	<u>TURNED OVER PINNING HIM UNDER WHEEL.</u>
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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.) <u>OLD MONROE LINCOLN MO.</u>	20f. CITY, TOWN, OR LOCATION <u>OLD MONROE LINCOLN MO.</u>
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21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at Approx. 10:15 AM. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Joseph J. Marsh Esq. CORONER.</u>	22b. ADDRESS <u>TROY, MO.</u>	22c. DATE SIGNED <u>8/22/62</u>
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-25-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Immaculate Conception Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Old Monroe, Mo.</u>
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24. FUNERAL DIRECTOR ADDRESS <u>O'Fallon Mortuary Inc, O'Fallon, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>8-23-62</u>	26. REGISTRAR'S SIGNATURE <u>Charlotte S. ...</u>
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Charles J. Callahan (Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59  
10570  
20570  
3  
4 0  
5 1  
6  
7 0  
8 2  
99121  
10 3  
11 057  
1291-3  
13-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

SEP 4 1962

AUG 6 1963

28

**STATEMENT BY LICENSED EMBALMER**

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

*Charles J. Callahan*

Licensed Embalmer No. 5128

P. O. Address O'Fallon 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.