

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043291

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 87

FILED DEC 3 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Lafayette</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>                |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Lexington</u>  |   | Length of stay in 1b. <u>1 week</u>   | c. CITY OR TOWN <u>Lexington Mo.</u>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>Goodloe Rest Home</u>  |
| 3. NAME OF DECEASED<br>(Type or print)   |   | First <u>Henry</u> Middle <u>Fred</u> Last <u>Kampschmidt</u>   | 4. DATE OF DEATH<br>Month <u>October</u> Day <u>31</u> Year <u>1962</u>  |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u>   | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>6-9-1882</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Agriculture</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Laborer</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Gerald, Mo.</u>   |
| 13a. FATHER'S NAME<br><u>Fredrick Kampschmidt</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Marie Kaase</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>   |   | 16. SOCIAL SECURITY NO.<br><u>same</u>  |  |
| 17. INFORMANT<br><u>L. H. Kampschmidt</u>  |   | Address<br><u>Fayette, Mo.</u>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:   |   |   | INTERVAL BETWEEN ONSET AND DEATH   |
| IMMEDIATE CAUSE (a) <u>CIRCULATORY FAILURE</u>   |   |   | <u>36 HRS.</u>   |
| DUE TO (b) <u>GANGRENE, LEFT FOOT</u>  |   |   | <u>4 DAYS</u>  |
| DUE TO (c) <u>ARTERIOSCLEROSIS</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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input 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<br>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>10, 24, 62</u> to <u>10, 31, 62</u> and last saw <sup>her</sup> him alive on <u>10, 31, 62</u><br>Death occurred at <u>11:25 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE <u>J S Doyne</u> (Degree or title)  |   | 22b. ADDRESS<br><u>Lexington, Missouri</u>  | 22c. DATE SIGNED<br><u>11-11-62</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)  | 23b. DATE   | 23c. NAME OF CEMETERY OR CREMATORY  | 23d. LOCATION (City, town, or county) (State)  |
| <u>Burial</u>  | <u>11-1-1962</u>  | <u>Calvary</u>  | <u>Corder Missouri</u>   |
| 24. FUNERAL DIRECTOR<br><u>G. Jackson Hader</u> ADDRESS<br><u>Higginsville, Mo.</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>11-11-62</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Marion E. Eastland</u>   |

DEC 3 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 Forest H. Hoefler

Licensed Embalmer No. 4358

P. O. Address Higginsville, 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.