

FILED SEP 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30185**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **26**

422  
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1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Clinton</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Hartwell</b>	
c. LENGTH OF STAY (in this place) <b>0</b>		d. STREET ADDRESS (If rural, give location) <b>0420</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Moore's Nursing Home</b>			

3. NAME OF DECEASED (Type or Print) <b>Adolph</b>	a. (First)	b. (Middle)	c. (Last) <b>Kantner</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>9-21-1950</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>3-3-1870</b>	9. AGE (In years last birthday) <b>80</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>	11. BIRTHPLACE (State or foreign country) <b>Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>John Kantner</b>	13b. MOTHER'S MAIDEN NAME <b>Maggie Bennett</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>—</b>	16. SOCIAL SECURITY NO. <b>—</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mary Kantner</b>
		ADDRESS <b>Clinton Mo</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>Renal Anuria</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>4214</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardiac Heart Disease</b>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Uraemia</b>		
19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>—</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <b>—</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>—</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>—</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>—</b>

22. I hereby certify that I attended the deceased from **2/16**, 19**50**, to **9/21**, 19**50**, that I last saw the deceased alive on **9/21**, 19**50**, and that death occurred at **7:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. C. Osborn</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Clinton</b>	23c. DATE SIGNED <b>9/22/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-23-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Englewood cem</b>	24d. LOCATION (City, town, or county) (State) <b>Clinton Mo</b>

DATE REC'D BY LOCAL REG. <b>Sept-23-50</b>	REGISTRAR'S SIGNATURE <b>Florence Adair</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Lickman &amp; Punning</b>	ADDRESS <b>Clinton Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**RECEIVED** 9-25-50  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 9-25-50

**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 \_\_\_\_\_  
Student Embalmer

Signed Robert L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton 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 this body is not embalmed, fact should be so stated above.