

FILED NOV 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36845

State File No.

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4213 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>HENRY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MONTROSE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MONTROSE. 0420</u>	
c. LENGTH OF STAY (In this place) <u>75 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>✓</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>			

3. NAME OF DECEASED (Type or Print) <u>LAWRENCE</u>	a. (First)	b. (Middle) <u>ANTHONY</u>	c. (Last) <u>KALWEI</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 10 1950.</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>AUG. 10TH - 1875</u>	9. AGE (In years last birthday) <u>75</u>	10. UNDER 1 YEAR Months <u>2</u> Days <u>1</u>	11. UNDER 1 HR. Hours <u>1</u> Min.
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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>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>MONTROSE - MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>HENRY KALWEI</u>	13b. MOTHER'S MAIDEN NAME <u>✓ KEMPHOFF</u>	14. NAME OF HUSBAND OR WIFE <u>✓</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>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Frank Hake, Montrose, Mo.</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arterio sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2-5, 1949, to 11-10, 1950, that I last saw the deceased alive on 11-10, 1950, and that death occurred at 8:10 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. E. Baggerly, M.D.</u>	23b. ADDRESS <u>Montrose, Mo.</u>	23c. DATE SIGNED <u>11-13-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Nov. 13, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. NUGERS</u>	24d. LOCATION (City, town, or county) (State) <u>GERMANTOWN MO.</u>
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DATE REC'D BY LOCAL REG. <u>Nov-13-1950</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	4224 25. FUNERAL DIRECTOR'S SIGNATURE <u>Adair</u>	ADDRESS <u>Helling Beach - Montrose Mo</u>
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-13-1950

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED ¹¹⁻²⁰⁻⁵⁰

DISTRICT HEALTH OFFICE No. 3

Not Filed - 11-20-50

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 _____

11th day of Nov 1950

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Frank Lee

Signed.....
Student Embalmer

Licensed Embalmer No. *1099*

P. O. Address *Appleton City, W.*

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.