

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028934
STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 137 Primary Registration District No. 5508 Registrar's No. 873

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Deepwater Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Montrose 0420
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Montrose R.R.3		Length of stay in 1b 65 yrs	d. STREET ADDRESS (If outside, give location) Montrose R.R.# 3
3. NAME OF DECEASED (Type or print) First Salome Middle M Last Kalwei			4. DATE OF DEATH Month August Day 19 Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 7, 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Miller Co Mo
13a. FATHER'S NAME John Schueler		13b. MOTHER'S MAIDEN NAME Elizabeth Box	14. NAME OF HUSBAND OR WIFE Henry Kalwei
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address William Kalwei Montrose, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertensive Cardia Vascular Disease DUE TO (c) 4201			INTERVAL BETWEEN ONSET AND DEATH Sudden 5 years
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 Hour 7:00 Month, Day, Year PM			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 1954 , to Aug 19, 1958 and last saw her alive on Aug 19 1958 Death occurred at 7:00 PM m on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE (Degree or title) Robert H. Braunshagen MD		22b. ADDRESS Appleton City Mo.	22c. DATE SIGNED Aug 21 1958
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Aug 22, 1958	23c. NAME OF CEMETERY OR CREMATORY Germantown cem	23d. LOCATION (City, town, or county) (State) Montrose, Missouri
24. FUNERAL DIRECTOR Sickman-Dunning		ADDRESS Clinton, Mo	25. DATE RECD. BY LOCAL REG. 8-22-58
26. REGISTRAR'S SIGNATURE Mildred Bigum			

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

AUG 27

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 *R. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.