

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032113

FILED VS. OCT 5 1959 137

Registration District No. 3023

Primary Registration District No. 245

STATE FILE NUMBER

DED

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, give TOWNSHIP only) <b>Clinton</b>		Length of stay in 1b <b>3 Mo</b>	c. CITY OR TOWN <b>Montrose</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <b>Forrest Nursing Home</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>in Montrose</b>	
3. NAME OF DECEASED (Type or print) <b>Elizabeth Kalwei</b>			4. DATE OF DEATH <b>Aug 15 - 1959</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-10-1884</b>	9. AGE (last birthday) <b>75</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Montrose Mo</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Henry Kalwei</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Krimphoff</b>	
14. NAME OF HUSBAND OR WIFE <b>Leonard Kalwei</b>		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 <b>Leonard Kalwei</b>		Address <b>Montrose Mo</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Congestive Heart Failure</b> DUE TO (b) <b>Chronic Myocarditis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <b>4 day</b> <b>10 yrs</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 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 <b>Jan. 1959</b> to <b>Aug 15, 1959</b> and last saw <sup>her</sup> him alive on <b>Aug 15, 1959</b> Death occurred at <b>9:28 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>A. N. Mc Intyre, M.D.</b>		22b. ADDRESS <b>Clinton, Mo.</b>		22c. DATE SIGNED <b>10-2-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8-18-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>German town Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Montrose Mo</b>	
24. FUNERAL DIRECTOR <b>Sickman - Dunning</b>		25. DATE RECD. BY LOCAL REG. <b>Oct 2 - 1959</b>		26. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert L. Quinn

Licensed Embalmer No. 4710

P. O. Address Clinton

**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.