

FILED MAY 6 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER

68 0016018

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 5208 Registrar's No. 117ADO NOT WRITE
ON THIS STUBVS 300
Rev. 1/68

9. 0
10a. 62
10b. 40420
11. 0
12. 1
13. 4109
14.
15. 4
16.
17.
18. 0
19. CREDITS
20. 1-0

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

PARENTS

CAUSE

CERTIFIER

DECEASED—NAME			FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)								
1. Paul			F.		Kalwei	7. Male	8. April 28, 1968								
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH									
4. white		5a. 62	5b. MOS.	5c. DAYS	6. Jan. 25, 1906	7a. Henry									
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)										
7b. Montrose			7c. no		7d. R. R. #3										
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)									
8. Missouri		9. U.S.A.		10. Married		11. Florence Kalwei									
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			KIND OF BUSINESS OR INDUSTRY										
12. 490-42-776		13a. Farmer			13b.										
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER									
14a. Missouri		14b. Henry	14c. Montrose, (Rural)		14d. No	14e. R.R. #3									
FATHER—NAME			FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME			FIRST	MIDDLE	LAST				
15. John					Kalwei	Josephine					Putthoff				
INFORMANT—NAME					MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)										
17a. Florence Kalwei					17b. Rural route #3 Montrose, Mo										
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
18. IMMEDIATE CAUSE															
(a) CORONARY OCCLUSION		DUE TO, OR AS A CONSEQUENCE OF:					SUDDEN								
(b) ARTERIOSCLEROTIC HEART DISEASE		DUE TO, OR AS A CONSEQUENCE OF:					CHRONIC								
(c)															
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST															
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH							
						19a. NO		19b. —							
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)										
20a.		20b.		20c.	20d.										
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)			LOCATION		(STREET OR R.F.D. NO., CITY OR TOWN, STATE)								
20e.		20f.			20g.		20h.								
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON	MONTH	DAY	YEAR	I DID/DOES NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED (HOUR)	AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
21a. DECEASED FROM		May	12	1960	21b. Apr.	28	1968	21c. APR	28	1968	21d.	21e. 8:00 PM.			
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.												MONTH	DAY	YEAR	HOUR
22a.												M.	22b.		
CERTIFIER—NAME (TYPE OR PRINT)				SIGNATURE				DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)					
23a. R.H. BROWNSBERGER MD				23b. R.H. Brownsberger MD				MD		23c. May 1 1968					
MAILING ADDRESS—CERTIFIER				STREET OR R.F.D. NO.				CITY OR TOWN		STATE		ZIP			
23d. Appleton City				MO				MO		64724					
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME			LOCATION										
24a. Burial		24b. St. Mary's			24c. Montrose Missouri										
DATE		FUNERAL HOME—NAME AND ADDRESS			(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)										
24d. 5-1-68		24e. Sickman & Dunning Funeral Home													
FUNERAL DIRECTOR—SIGNATURE				REGISTRAR—SIGNATURE				DATE RECEIVED BY LOCAL REGISTRAR							
25a. John F. Sickman				25b. Mildred Bigum				25c. 5-3-68							

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

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. P. Dunning

Licensed Embalmer No. 4510

P. O. Address _____

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.