

FILED JUN 24 1968

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

STATE FILE NUMBER

CERTIFICATE OF DEATH

124

4213
5508 68 0024409
776

Registration District No. 137 Primary Registration District No. Registrars No.

DO NOT WRITE
ON THIS STUB

VS 300

Rev. 1/68

9. 1
10a. 17
10b.
11. 0
12. 0
13. 9109
14.
15. 9
16. 57
17. 042
18. 0
19. CREDITS
20. 1-0

4. 0420
5. 90

DECEASED

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

6. 0420

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)						
1. Kenneth Anthony Kalwei		2. Male	3. June 20 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. 17	5b. MOS. DAYS	5c. HOURS MIN.	6. 19 June 1951	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. 4 mi N & E of Montrose								
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. never married								
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY								
12. 486-56-2563		13a. Farmer		13b. Farming								
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER						
14a. Missouri		14b. Henry	14c. Montrose		14d. no	14e. RR # 3						
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME							
15. Edward		16. Kalwei		16. Wilma Sexson								
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)								
17a. Edward Kalwei				17b. Montrose Mo RR # 3								
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) <i>Non Natural Causes -</i>				<i>immed</i>						
		DUE TO, OR AS A CONSEQUENCE OF:										
		(b) <i>Drrowning</i>										
		DUE TO, OR AS A CONSEQUENCE OF:										
		(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)						19a. AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH					
						19b.	19c.					
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. <i>accident</i>	20b. 6-20-68	20c. 6 53 P M.	20d. <i>swimming</i>									
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE, VEG., ETC. (SPECIFY)	LOCATION	STREET OR R.F.D. NO., CITY OR TOWN, STATE									
20e. <i>No</i>	20f. <i>Strip Pit</i>	20g. <i>4 mi NE Montrose Mo</i>										
CERTIFICATION—PHYSICIAN:	MONTH	DAY	YEAR	MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON	MONTH	DAY	YEAR	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. DECEASED FROM			21b. TO				21c. MONTH DAY YEAR				21d. MONTH DAY YEAR	21e. MONTH DAY YEAR
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.												
22a. HOUR OF DEATH												
22b. THE DECEDENT WAS PRONOUNCED DEAD												
22c. MONTH DAY YEAR												
22d. MONTH DAY YEAR												
CERTIFIER—NAME (TYPE OF PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)						
23a. Richard H. King M.D.		23b. <i>Richard H King M.D</i>		23c. M.D.		23d. 6-21-68						
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		ZIP				
23e. 106 3-34		23f. <i>Clinton</i>		23g. <i>Mo.</i>		23h. <i>64735</i>						
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME			LOCATION			CITY OR TOWN STATE				
24a. Burial		24b. St Mary's			24c. Montrose Missouri							
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS			STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP							
24d. June 22, 1968		24e. Sickman-Dunning F H			24f. Clinton Missouri							
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR								
24g. <i>John F Sickman</i>		24h. <i>Mildred Bigum</i>		24i. June 21 1968								

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

JUL 3 1968

JUL 12 1968

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. 4710

P. O. Address Clermont 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.

Permit obtained 6-21-68 (MB)