

FILED MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8430
State File No.

BIRTH NO. _____ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 4218 Registrar's No. 81

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 OR TOWN <u>Windsor</u>) c. LENGTH OF STAY (In this place) <u>10 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>315 N. Main</u>		d. STREET ADDRESS (If rural, give location) <u>315 N. Main</u>	
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>Wesley</u> c. (Last) <u>Kahl</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 22, 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>January 13, 1869</u>
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Benton County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Peter Kahl</u>	
13b. MOTHER'S MAIDEN NAME <u>Amanda Spangenberg</u>		14. NAME OF HUSBAND OR WIFE <u>Allie Baugh Kahl</u>	
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>None</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Jule Wall, Windsor, Missouri</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Valvular Heart Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gastric & Duodenal Ulcer 20 yrs</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5410</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No operation</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)	
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?			
22. I hereby certify that I attended the deceased from <u>Mar 5, 1950</u> , to <u>Mar 22, 1950</u> , that I last saw the deceased alive on <u>Mar 1, 1950</u> , and that death occurred at <u>12:10 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. A. Blackmore</u>		23b. ADDRESS <u>Windsor, Mo.</u>	
23c. DATE SIGNED <u>3-24-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>3-24-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Harmony Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Benton County, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Florence Adams Huston-Turner, Windsor, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar-24-50</u>		REGISTRAR'S SIGNATURE	

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

DCS 187 0310

RECEIVED

District Health Officer No. 7

District File Number 2-57-288

Date Filed 3-27-57

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 _____
Student Embalmer _____

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, 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 this body is not embalmed, fact should be so stated above.