

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

--61-031658

STATE FILE NUMBER

AMENDED

Registration District No. 342 Primary Registration District No. 4531 Registrar's No. 43

FILED SEP 12 1961

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrenton		Length of stay in 1b 1 Day	c. CITY OR TOWN Hawk Point
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Katie Jane Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) None

3. NAME OF DECEASED (Type or print) First George Middle William K Last Kallash			4. DATE OF DEATH Month September Day 2 Year 1961	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/10/89	9. AGE (last birthday) 71

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic	10b. KIND OF BUSINESS OR INDUSTRY Auto Repair	11. BIRTHPLACE (City and state or country) Lincoln Co. Mo.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME William Kallash	13b. MOTHER'S MAIDEN NAME Minnie Mallan	14. NAME OF HUSBAND OR WIFE Mildred Witt Kallash	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	17. INFORMANT Mildred Kallash, Hawk Point, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized arteriosclerosis with arterioclerotic heart disease INTERVAL BETWEEN ONSET AND DEATH unknown	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertrophic arthritis, multiple, severe
	DUE TO (c) Senility

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 type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year
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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 Hawk Point	COUNTY Lincoln	STATE Missouri
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21. I attended the deceased from **July 18, 1961** to **Sep't. 2, 1961** and last saw ^{him} alive on **Sep't. 2, 1961**
Death occurred at **7:35 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i>	(Degree or title)	22b. ADDRESS Warrenton, Missouri	22c. DATE SIGNED 9-5-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/5/61	23c. NAME OF CEMETERY OR CREMATORY Hawk Point Cemetery	23d. LOCATION (City, town, or county) (State) Hawk Point, Missouri.
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24. FUNERAL DIRECTOR Kemper-Marsh Funeral Home, Troy, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. Sept 5, 1961	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 SHOULD READ
 ITEM NO.

Generalized arteriosclerosis with arteriosclerotic heart disease
Hypertrophic arthritis, multiple, severe

STATEMENT BY LICENSED EMBALMER

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 Joseph J. Marsh Sr.

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

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.