

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029985
STATE FILE NUMBER

FILED SEP 9 1958 Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 90

S. 300
1-57
2
5

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) Richmond		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Richmond Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ray County Home		Length of stay in lb 70 years	d. STREET ADDRESS (If outside, give location) N. Main St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JOHN JULIUS KALBERLOH			4. DATE OF DEATH Month Day Year August 31, 1958
5. SEX Male <input type="checkbox"/> Female <input type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 20, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (In years last birthday) 71 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) Deepwater, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles Kalberloh		13b. MOTHER'S MAIDEN NAME Lena Herrmann	
14. NAME OF HUSBAND OR WIFE ---		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year dates of service) Yes World War I	
16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Gene Rethurst, Richmond, Mo. Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Left heart failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) possible coronary thromb? DUE TO (c) Senility - electrical imbalance, etc.			INTERVAL BETWEEN ONSET AND DEATH 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Multiple Neurofibromatosis			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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 8-16-58 to 8-31-58 and last saw him alive on 8-28-58 Death occurred at 1:15 p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. Davault M.D. (Degree or title)		22b. ADDRESS Richmond, Mo.	
22c. DATE SIGNED 9-2-58			
23a. BURIAL (CREMATION, REMOVAL (Specify)) Burial		23b. DATE Sept. 2, 1958	
23c. NAME OF CEMETERY OR CREMATOR City Cemetery		23d. LOCATION (City, town, or county) (State) Richmond, Mo.	
24. FUNERAL DIRECTOR Thurman Funeral Home, Richmond, Mo.		25. DATE RECD. BY LOCAL REG. 9-7-1958	
26. REGISTRAR'S SIGNATURE Maluel Jackson			

	Richmond	x	Missouri	Richmond	Richmond
x	Richmond	10 years	Richmond	Richmond	Richmond
	Richmond	10 years	Richmond	Richmond	Richmond
	Richmond	10 years	Richmond	Richmond	Richmond
	Richmond	10 years	Richmond	Richmond	Richmond
	Richmond	10 years	Richmond	Richmond	Richmond
	Richmond	10 years	Richmond	Richmond	Richmond
	Richmond	10 years	Richmond	Richmond	Richmond
	Richmond	10 years	Richmond	Richmond	Richmond
	Richmond	10 years	Richmond	Richmond	Richmond

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, ~~Richmond~~....., Student Embalmer No. working under my personal supervision.

Student Signed *Wm. L. Thurman*
Signature of Student Embalmer

Licensed Embalmer No. 4563.....
P. O. Address Richmond, 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.