

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4900

State File No.

598

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u> c. LENGTH OF STAY (in this place) <u>2 weeks</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HOSPITAL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONITEAU</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>CALIFORNIA</u> d. STREET ADDRESS (If rural, give location) <u>X 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leo</u> b. (Middle) <u>K</u> c. (Last) <u>Kammeyer</u>		4. DATE OF DEATH (Month) <u>2</u> (Day) <u>7</u> (Year) <u>50</u>		5. SEX <u>M</u> 6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>widower</u>	
8. DATE OF BIRTH <u>Dec. 12, 1381</u>		9. AGE (in years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Harness & Saddle Maker</u>		11. BIRTHPLACE (State or foreign country) <u>Higginsville, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Frank Kammeyer</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Maud</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>495-01-8454</u>		17. INFORMANT'S SIGNATURE OR NAME <u>H. A. Kammeyer, 2417 Agnes</u>		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary emboli, massive, left lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombosis in stump of ligated right pulmonary artery (pneumectomy right performed on 2/3/50)</u> DUE TO (c) <u>Healed myocardial infarct, right ventricle</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u> <u>5 days</u> <u>5 1/2 h</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>multiple pulmonary abscesses + lipid pneumonia, rt. lung</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>2-2</u> , 19 <u>50</u> , to <u>2-7</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2-7</u> , 19 <u>50</u> , and that death occurred at <u> </u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John H. Mayer Jr.</u> (Degree or title) <u>M.D. U.</u>				23b. ADDRESS <u>618 Professional Bldg., K.C., Mo.</u>		23c. DATE SIGNED <u>2/8/50</u>	
24a. BURIAL, CREMATION, REMOVAL <u>removal</u>		24b. DATE <u>2/8/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>-</u>		24d. LOCATION (City, town, or county) (State) <u>California, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-8-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Swish + Talbot Co</u>		ADDRESS <u>20 W. Linwood</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

11-11-11
Kemp -
Zwickel -

521X
46X
17X

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 Forrest O. Caldwell

Licensed Embalmer No. 4714

P. O. Address J.C. 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.