

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41143

State File No. ....

FILED DEC 30 1948

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BIRTH NO. 7 REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 321

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY OR TOWN <u>Moberly</u>		c. CITY OR TOWN <u>Moberly</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>212 1/2 No 5th St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u> b. (Middle) <u>Klein</u> c. (Last) <u>Klein</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 20<sup>th</sup> 1948</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>Sept 21<sup>st</sup> 1870</u>		9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>29</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Master Baker</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Germany</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>August Klein</u>			13b. MOTHER'S MAIDEN NAME <u>Stockhausen</u>			14. NAME OF HUSBAND OR WIFE <u></u>		
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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></u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>A.D. Klein Moberly Mo</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  <u>1-1</u>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anchors of the Liver</u>						} <u>20 yrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u>							
		DUE TO (c) <u>Chronic Nephritis</u>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Cholelithiasis and Cholelithiasis</u>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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? <u></u>	
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22. I hereby certify that I attended the deceased from 12-20, 1948, to 12-20, 1948, that I last saw the deceased alive on 12-20, 1948, and that death occurred at 7:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Will Semple, M.D.</u>		23b. ADDRESS <u>Moberly, Mo</u>		23c. DATE SIGNED <u>21 Dec 48</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 22-48</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Mary's</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>	
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DATE REC'D BY LOCAL REG. <u>12-22-48</u>		REGISTRAR'S SIGNATURE <u>Seaborn</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>269 Mahan and Son Moberly Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 10 1950

RECEIVED  
District Health Officer No. 10  
District File Number 12-48-2198  
Date Filed DEC 28 1948

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 Frank S. Hunt .....

Licensed Embalmer No. 3021 .....

P. O. Address Moberly 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.