No. 300
10-48

FILED MAY 11 1949
Dr. Taylor

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11890

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 110

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

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Callway 10
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL--Cedar 0
d. STREET ADDRESS (If rural, give location): R.R.#1, Holt Summit, Missouri 1

3. NAME OF DECEASED (Type or Print)
a. (First): Caroline
b. (Middle): Sophia
c. (Last): Klee

4. DATE OF DEATH (Month) (Day) (Year): Apr- 27 1949

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2
8. DATE OF BIRTH: Mar-14-1875
9. AGE (In years last birthday): 7~~4~~4 — IF UNDER 1 YEAR: Months 1, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Burger, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Haid
13b. MOTHER'S MAIDEN NAME: Sophia Henrichs
14. NAME OF HUSBAND OR WIFE: Henry Klee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Otto E. Klee, R.R.#1, Holt Summit, Mo

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) Hypertensive cardio vascular disease — INTERVAL BETWEEN ONSET AND DEATH: 16-15 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 443X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 22, 1948, *to* April 27, 1949, *that I last saw the deceased alive on* 4-27, 1949, *and that death occurred at* 10:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leon A. Taylor M.D.
23b. ADDRESS: Jefferson City, Mo
23c. DATE SIGNED: 4-29-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/29/49
24c. NAME OF CEMETERY OR CREMATORY: Evangelical Cemetery
24d. LOCATION (City, town, or county) (State): Jefferson City, Mo

DATE REC'D BY LOCAL REG.: Apr. 29-49
REGISTRAR'S SIGNATURE: R.P. Dorris Md - MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Jefferson City, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number MAY 10 1949
Date Filed

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.

Signed G. N. Houser

Signed ..... Student Embalmer

Licensed Embalmer No. 4579

P. O. Address Jefferson City,

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.