No. 300
10.48

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

FILED SEP 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31063

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 298

64 3 4

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levering Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion 177
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal 63
d. STREET ADDRESS (If rural, give location): 614 Ely Street 4

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Robert Wayne Klocke

4. DATE OF DEATH (Month) (Day) (Year): September 10, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 27, 1912
9. AGE (In years last birthday): 37
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

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

13a. FATHER'S NAME: Edward Klocke
13b. MOTHER'S MAIDEN NAME: Sadie Kennedy
14. NAME OF HUSBAND OR WIFE: Mary E. Hridister

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War 2
16. SOCIAL SECURITY NO.: 343-07-7920
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Robert W. Klocke Hannibal Missouri

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) Terminal uremia — INTERVAL BETWEEN ONSET AND DEATH: 5 WKS.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic nephritis — 4 yrs.
DUE TO (c) Hypertensive cardiovascular disease — 4 yrs.

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

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* 8/6/49, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 9/9/49, 19___, *and that death occurred at* 8:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. E. Sultzman M.D.
23b. ADDRESS: 115 North Fifth, Hannibal, Mo.
23c. DATE SIGNED: 9/10/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: September 12/49
24c. NAME OF CEMETERY OR CREMATORY: Akers Chapel
24d. LOCATION (City, town, or county) (State): Adams County Illinois

DATE REC'D BY LOCAL REG.: 9-12-49
REGISTRAR'S SIGNATURE: Kate E. McLuke Deputy Reg. (for H. E. Fisher)
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: W. Crawford Smith Hannibal Missouri

(Licensed Embalmer's Statement on Reverse Side)

OCT 6 1945

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 W. Crawford Smith

Signed _____
Student Embalmer

Licensed Embalmer No. 3814

P. O. Address Hannibal 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 this body is not embalmed, fact should be so stated above.