

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34195

State File No. ....

FILED NOV 8 1949

BIRTH NO. _____		REG. DIST. NO. <u>160</u>		PRIMARY REG. DIST. NO. <u>3130</u>		Registrar's No. <u>60</u>			
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Festus</u>		c. LENGTH OF STAY (in this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Festus</u>		d. STREET ADDRESS (If rural, give location) <u>Walnut St.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				3. NAME OF DECEASED a. (First) <u>Ina</u> b. (Middle) <u>Kleinschmidt</u> c. (Last) _____					
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 8, 1949</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>			
8. DATE OF BIRTH <u>Jan. 22., 1879</u>		9. AGE (In years last birthday) <u>70/5/16</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (State or foreign country) <u>Hillsboro, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Robert King</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Marsden</u>			
14. NAME OF HUSBAND OR WIFE <u>A. F. Kleinschmidt</u>		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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Franklin Kleinschmidt, Festus, Mo.</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>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				19. DATE OF OPERATION _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR? _____				22. I hereby certify that I attended the deceased from <u>Sept 8</u> , 1949, to <u>Sept 8</u> , 1949, that I last saw the deceased alive on <u>Sept 8</u> , 1949, and that death occurred at <u>4:30p</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Harry Goskitnik</u> (Degree of title) _____		23b. ADDRESS <u>Festus Mo.</u>		23c. DATE SIGNED <u>Sept 9 '49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>Sept. 11., 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Methodist</u>		24d. LOCATION (City, town, or county) (State) <u>Festus Mo</u>		24e. DATE REC'D BY LOCAL REG. <u>Oct 10 1949</u>			
24f. REGISTRAR'S SIGNATURE <u>K. L. ... Belleville</u>		24g. FUNERAL DIRECTOR'S SIGNATURE <u>H. W. ... Festus</u>		24h. ADDRESS _____		25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____			

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

RECEIVED  
NOV 4 1949  
District Health Officer No. 91  
District File Number

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.....  
Student Embalmer

Signed *A. W. Wenzel*  
Licensed Embalmer No. 3010  
P. O. Address *Fertus Wis*

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.