.300
.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42103

State File No.

FILED JAN 6 1950

BIRTH NO. REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 378

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY OR TOWN Moberly (If outside corporate limits, write RURAL and give township)
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) 723 So. Clark

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly
d. STREET ADDRESS (If rural, give location) 723 So. Clark.

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) R c. (Last) Klein

4. DATE OF DEATH (Month) (Day) (Year) Dec 26th 1949

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH May 24th 1872
9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months 7 Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retd.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ill
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Peter Klein
13b. MOTHER'S MAIDEN NAME Theresa Koos
14. NAME OF HUSBAND OR WIFE

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 Mrs Henry Pearman ADDRESS Moberly Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis — INTERVAL BETWEEN ONSET AND DEATH 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of Rectum — 4 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

1541

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, 1949, *to* Dec, 1949, *that I last saw the deceased alive on* Dec 25, 1949, *and that death occurred at* 8:45 a m., *from the causes and on the date stated above.*

23a. SIGNATURE [illegible] (Degree or title) MD
23b. ADDRESS Moberly Mo
23c. DATE SIGNED Dec. 28, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 28th 1949
24c. NAME OF CEMETERY OR CREMATORY St Mary's
24d. LOCATION (City, town, or county) (State) Moberly Mo

DATE REC'D BY LOCAL REG. Dec 28-49
REGISTRAR'S SIGNATURE [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE Mahan and Son ADDRESS Moberly Mo.

(Licensed Embalmer's Statement on Reverse Side)

JAN 5 19

RECEIVED
District Health Officer No. 1
District File Number 1-50-4
Date Filed JAN 5 1950

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 D. DeWitt

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.