

FILED FEB 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4054

2130
10.48
1/30

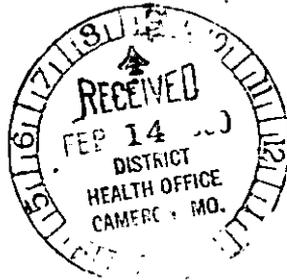
BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4060 Registrar's No. 14

| | | | | | |
|--|------------------------------|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY CALDWELL | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI | | b. COUNTY CALDWELL | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRECKENRIDGE | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRECKENRIDGE | | 0630 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS NONE | | (If rural, give location) 0 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) LEVA | | | b. (Middle) A. | | |
| c. (Last) KLEIN | | | 4. DATE OF DEATH (Month) (Day) (Year) JAN. 13 1950 | | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | 8. DATE OF BIRTH OCT. 27 1872 | | 9. AGE (In years last birthday) 78 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER | | 10b. KIND OF BUSINESS OR INDUSTRY HOUSEKEEPING | | 11. BIRTHPLACE (State or foreign country) LIVINGSTON CO., MISSOURI | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME JOHN M. PATRICK | | 13b. MOTHER'S MAIDEN NAME ANN E. PATRICK | |
| 14. NAME OF HUSBAND OR WIFE WILLIAM KLEIN | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. NO | |
| 17. INFORMANT'S SIGNATURE OR NAME MRS. JOHN PATRICK BRECKENRIDGE, Mo. | | 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 175X | | ADDRESS Mo. | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 175X | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Ovary | | | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) and omentum | | | |
| | | DUE TO (c) Peritonitis. | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION Mar 21 - 1949 | | 19b. MAJOR FINDINGS OF OPERATION Carcinoma of Ovary & Omentum | | 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) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 3-29 , 1949, to Jan 10 , 1950, that I last saw the deceased alive on Jan 10 , 1950, and that death occurred at 6-30 m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE E. O. Thompson M.D. | | | 23b. ADDRESS Breckenridge Mo | | 23c. DATE SIGNED Jan 18 - 50 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE JAN. 16 1950 | | 24c. NAME OF CEMETERY OR CREMATORY WELDON CEMETERY | |
| 24d. LOCATION (City, town, or county) (State) DAVISS CO., MISSOURI | | DATE REC'D BY LOCAL REG. 2-8-50 | | REGISTRAR'S SIGNATURE Mr. Nell B. Jones 373 | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Gene C. Michael | | ADDRESS Braymer, Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

0961
FEB 23



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 _____

Gene C. Michael

Signed _____

Student Embalmer

Licensed Embalmer No. _____

4340

P. O. Address _____

Braymer, 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.