

FILED AUG 15 1950

STANDARD CERTIFICATE OF DEATH

25790

State File No. _____
Registrar's No. 71

BIRTH NO. _____ REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 4499

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbina		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbina	
c. LENGTH OF STAY (in this place) 7 days		d. STREET ADDRESS (If rural, give location) 1021	
d. FULL NAME OF HOSPITAL OR INSTITUTION Thurman Nursing Home			

3. NAME OF DECEASED (Type or Print)	a. (First) Lutie	b. (Middle) (None)	c. (Last) Klein	4. DATE OF DEATH (Month) (Day) (Year) July 24, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH November 5, 1866	9. AGE (In years) (last birthday) 83	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Marion County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Kincade	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Fritz Klein
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Fritz Klein	ADDRESS Shelbina, Missouri
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH July 19 to 22
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Hypertension		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from July 19, 1950, to July 24, 1950, that I last saw the deceased alive on July 24, 1950, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE Gladys St. Lawrence (Degree or title) M.D.	23b. ADDRESS Shelbina, Mo.	23c. DATE SIGNED July 29, 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-25-50	24c. NAME OF CEMETERY OR CREMATORY Shelbina Cemetery	24d. LOCATION (City, town, or county) (State) Shelbina, Missouri
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DATE REC'D BY LOCAL REG. Aug 5-50	REGISTRAR'S SIGNATURE Ada Garrison	5. FUNERAL DIRECTOR'S SIGNATURE E. Hayes	ADDRESS Shelbina, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED AUG 7 1950
District Health Officer No. 1
District File Number 8-14-1280
Date Filed AUG 14 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 Paul E. Hayes
.....

Licensed Embalmer No. 4461

P. O. Address Stellina, Miss

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.