

FILED SEP 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **26307**

BIRTH NO. _____ REG. DIST. NO. **64** PRIMARY REG. DIST. NO. **4110** Registrar's No. **50**

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) Salisbury		c. CITY (If outside corporate limits, write RURAL and give township) Salisbury 1210	
c. LENGTH OF STAY (in this place) 7 yrs		d. STREET ADDRESS (If rural, give location) 209 E. 2nd St. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 209 E. 2nd St.			
3. NAME OF DECEASED a. (First) Minnie		b. (Middle) W. Klinzman	
c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) Aug. 26 - 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 8 - 1864
9. AGE (In years last birthday) 85	IF UNDER 1 YEAR (Month) (Day) _____	IF UNDER 4 HRS. (Hour) (Min.) _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Sexton, Germany	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Bachman	13b. MOTHER'S MAIDEN NAME don't know	14. NAME OF HUSBAND OR WIFE David Klinzman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME W. S. Klinzman and J. J. St. Helier	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). <i>*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>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis		INTERVAL BETWEEN ONSET AND DEATH 10 yrs.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Kidney			
DUE TO (c) _____			
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 <input type="checkbox"/> NO <input 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) (Min.) _____	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 July 14, 1950 , to Aug 26, 1950 , that I last saw the deceased alive on Aug 26, 1950 , and that death occurred at 9:00 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE A. Noel Rains (Degree or title) D.O.		23b. ADDRESS Clyton Hill	23c. DATE SIGNED 8-26-50
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 8-29-50	24c. NAME OF CEMETERY OR CREMATORY Salisbury Cemetery	24d. LOCATION (City, town, or county) (State) Salisbury Mo
DATE REC'D BY LOCAL REG. 8-29-50	REGISTRAR'S SIGNATURE W. H. Lee	25. FURNERAL DIRECTOR'S SIGNATURE Ired A. Thompson	ADDRESS Madison

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: SEP 7 1950
DISTRICT HEALTH OFFICE #
District File Number 9-50-
Date Filed: SEP 8 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

Walter A. Thompson

Licensed Embalmer No. *3282*

P. O. Address *Madison, 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.