

FILED OCT 3 1950 STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5502 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Henry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Bear Creek</u>		c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		0420 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bear Creek Township</u>			d. STREET ADDRESS (If rural, give location) <u>Bear creek Township</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Joseph</u> c. (Last) <u>Kloer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 21-1950</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>3-1-1870</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done in the most of working life, even if retired) <u>Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Blacksmith</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Will Kloer</u>		13b. MOTHER'S MAIDEN NAME <u>Francis Sulman</u>		14. NAME OF HUSBAND OR WIFE <u>Theresa Kloer</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Seemister Montrose Mo</u>			
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch. Myocardiasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS : Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>1-2 mo</u>
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) (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 <u>2-10</u> , 1947, to <u>9-16</u> , 1950, that I last saw the deceased alive on <u>Sept 16</u> , 1950, and that death occurred at <u>10:30am.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>W.E. Baggarly M.D.</u>			23b. ADDRESS <u>Montrose Mo</u>		23c. DATE SIGNED <u>9-22-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-25-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Montrose cem</u>	24d. LOCATION (City, town, or county) (State) <u>Montrose Mo</u>			
DATE REC'D BY LOCAL REG. <u>Sept. 25-50</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>	422	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sulman & Sunning Clinton Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

420
1

RECEIVED

10/2/50

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed

10/2/50

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.....

Robert L. Dunning

Licensed Embalmer No.

4510

P. O. Address.....

Clinton 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.