

FILED MAR 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5531

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5881 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Osage</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Jefferson Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Jefferson Twp</u>	
c. LENGTH OF STAY (In this place) <u>6 Months</u>		d. STREET ADDRESS (If rural, give location) <u>Bland, Mo. R.D.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u> b. (Middle) <u>Victor</u> c. (Last) <u>Klass</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 20th, 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sep't 26th, 1912</u>	9. AGE (In years last birthday) <u>38</u>	10. MONTH <u>4</u>	11. DAY <u>24</u>	12. HOURS <u></u>	13. MIN. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory Wkr</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Factory</u>	11. BIRTHPLACE (State or foreign country) <u>Osage County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
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13a. FATHER'S NAME <u>Chas Klass</u>	13b. MOTHER'S MAIDEN NAME <u>Margarete Feures</u>	14. NAME OF HUSBAND OR WIFE <u>Elsie Schierloh</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>No. 2</u>	16. SOCIAL SECURITY NO. <u>497-14-1803</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Discharge record</u>	ADDRESS <u></u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun Shot Wound in Head</u>			Instant
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Self Inflicted</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		8776 X		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>At Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Belle, Mo. R.D. Osage Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 20 1951 1P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Self Inflicted gun shot wound</u>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edw. Norton</u> Coroner	23b. ADDRESS <u>Box 255, Linn, Mo.</u>	23c. DATE SIGNED <u>2-21-51</u>
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24a. BURIAL OR CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/23/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Belle, Maries County-Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb 24-1951</u>	REGISTRAR'S SIGNATURE <u>Z. D. [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sassmann</u> ADDRESS <u>Funeral Service . Belle,</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

760

APR 20 1951

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

FEB 23 1951

RECEIVED

MAR 1 1951

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Chet Sasser

Signed.....  
Student Embalmer

Licensed Embalmer No. 4128

P.O. Address Bland - 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.