

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16147

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5446 Registrar's No. 42

0380

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

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Cook</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Cooper</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chicago</u>	
c. LENGTH OF STAY (in this place)		8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>4421 W. Monroe</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Norma</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Klug</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 24, 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Dec. 22, 1928</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>22</u> Days <u>4</u> Hours <u>2</u> Min. <u>...</u>	IF UNDER 14 HRS. Hours <u>...</u> Min. <u>...</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stenographer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Trust Dept.</u>	11. BIRTHPLACE (State or foreign country) <u>Chicago, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>George Klug</u>	13b. MOTHER'S MAIDEN NAME <u>Norma Adell</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George Klug - Chicago, Ill.</u>	ADDRESS <u>Chicago, Ill.</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed Head and Chest</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>0810<sup>4</sup></u> <u>27</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Accident between Train and Car.</u>		
	DUE TO (c) _____		
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 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.) <u>Highway 169</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE): <u>Stauberry Gentry Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 11:30P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles N. Williamson</u>	(Degree or title) <u>Co. Do.</u>	23b. ADDRESS <u>Gentry Mo.</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 28, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakridge</u>	24d. LOCATION (City, town, or county) (State) <u>Westchester, Illinois</u>
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DATE REC'D BY LOCAL REG. <u>May 8 - 1951</u>	REGISTRAR'S SIGNATURE <u>Edith Childs</u>	430	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chiffard Brooks</u>	ADDRESS <u>Albany Mo</u>
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MAY 21 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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Richard Brooks

Licensed Embalmer No. 3329

P. O. Address Albany 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.