

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 23 1951

State File No. 19173

BIRTH NO.		REG. DIST. NO. 338	PRIMARY REG. DIST. NO. 6148	Registrar's No. 25
1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Castor)		c. LENGTH OF STAY (In this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Castor) 1030		
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. #2, Dexter, Mo.		d. STREET ADDRESS (If rural, give location) R. F. D. #2, Dexter, Mo.		
3. NAME OF DECEASED (Type or Print) Katherine		a. (First)	b. (Middle) Kleffer	c. (Last)
4. DATE OF DEATH April 26, 1951		5. SEX Female		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 12, 1866
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months 2		IF UNDER 24 HRS. Days 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Hachben, Germany 4
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Frank Schearerr		
13b. MOTHER'S MAIDEN NAME Katherine Doerr		14. NAME OF HUSBAND OR WIFE Martin Kleffer (Deceased)		
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. -----		17. INFORMANT'S SIGNATURE OR NAME Mrs. Cecil L. Day
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Carcinoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Jaws 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 29
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 191X		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)		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 3/2, 1957, to 4-26, 1957, that I last saw the deceased alive on 4-24, 1957, and that death occurred at 5:15 a.m., from the causes and on the date stated above.				
23a. SIGNATURE S. S. Blair M.D. (Degree or title)		23b. ADDRESS Dexter, Mo.		23c. DATE SIGNED 4-27-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-28-51		24c. NAME OF CEMETERY OR CREMATORY Dexter
24d. LOCATION (City, town, or county) (State) Dexter, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Strickland-Rainey		
DATE REC'D BY LOCAL REG. May 14, 1951		REGISTRAR'S SIGNATURE Rose Wehler		ADDRESS Dexter, Mo.

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

RECEIVED

MAY 21 1951

DISTRICT HEALTH OFFICE No. 6

No. ....

**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.....

Licensed Embalmer No. 3479

P. O. Address West, 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.