

FILED SEP 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27447

BIRTH NO. _____		REG. DIST. NO. <u>160</u>		PRIMARY REG. DIST. NO. <u>3029</u>		Registrar's No. <u>69</u>	
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u> <u>0501</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crystal City</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crystal City</u> <u>0501</u>		d. STREET ADDRESS (If rural, give location) <u>701 Taylor</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>							
3. NAME OF DECEASED (Type or Print) <u>William Klumb</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 28, 1951</u>	
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>JAN. 29, 1870</u>		9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>29</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (State or foreign country) <u>Manstow, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Klumb</u>			13b. MOTHER'S MAIDEN NAME <u>Katherine Seibert</u>		14. NAME OF HUSBAND OR WIFE <u>Cynthia</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Cynthia Klumb</u>		ADDRESS <u>Crystal City, 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					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		ANTECEDENT CAUSES					a few min only
DUE TO (b) <u></u>		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (c) <u></u>		II. OTHER SIGNIFICANT CONDITIONS <u>arteriosclerosis</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					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) m.		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>about Jan, 1947</u> , to <u>8-29</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Aug 20, 1951</u> , and that death occurred at <u>11:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. H. D. [Signature]</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Crystal City, Mo.</u>			23c. DATE SIGNED <u>8-30-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Aug 30, 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Lawn Mem. Pk.</u>		24d. LOCATION (City, town, or county) (State) <u>Crystal City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Sept. 1, 1951</u>		REGISTRAR'S SIGNATURE <u>Genette Polittle</u> <u>4414</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Genette Polittle</u>		ADDRESS <u>Crystal City, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

9-5-57

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 *Emory P. Politte*

Licensed Embalmer No. *3481*

P. O. Address *Crystal City, 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.