

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33039

State File No. ....

FILED NOV 7 1951

BIRTH NO. _____		REG. DIST. NO. <u>84</u>		PRIMARY REG. DIST. NO. <u>5316</u>		Registrar's No. <u>288</u>	
1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived; if institution: residence, before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cooper</u>			
b. CITY OR TOWN <u>Rural</u>		c. LENGTH OF STAY (in this place) <u>16 yrs</u>		c. CITY OR TOWN <u>Beaman, Mo - Rural</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clear Creek Lwp</u>				d. STREET ADDRESS (If rural, give location) <u>Clear Creek Lwp 0770</u>			
3. NAME OF DECEASED (Type or Print) <u>Mary A. Klen</u>		a. (First)		b. (Middle) <u>Klen</u>		c. (Last)	
4. DATE OF DEATH: <u>Oct. 25, 1951</u>		(Month)		(Day)		(Year)	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widow</u>		8. DATE OF BIRTH <u>Sept. 26, 1889</u>	
9. AGE (In years last birthday) <u>63</u>		0 <u>0</u>		29 <u>29</u>		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Pleasant Green (Cooper Co. Mo.)</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Pete Granlich</u>		13b. MOTHER'S MAIDEN NAME <u>Katherina Stolcenberger</u>		14. NAME OF HUSBAND OR WIFE <u>Edward M.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Albert Arnold</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive cardiovascular disease</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. <u>Treated for carcinoma of cervix; no evidence of present disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</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) <u>NC</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21f. HOW DID INJURY OCCUR? <u>443%</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"/>		22. I hereby certify that I attended the deceased from <u>Oct 1, 1950</u> , to <u>Oct 25, 1951</u> , that I last saw the deceased alive on <u>Oct 10, 1951</u> , and that death occurred at <u>2 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>John E. Lantry M.D.</u> (Degree or title)		23b. ADDRESS <u>111 West 4th Sedalia Mo.</u>		23c. DATE SIGNED <u>10-26-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-27-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clear Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Pilot Grove, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-27-51</u>		REGISTRAR'S SIGNATURE <u>Wesley Thellett</u>		FUNERAL DIRECTOR'S SIGNATURE <u>M. Laughlin Bros</u>		ADDRESS <u>Sedalia</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED NOV 6 - 1951

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed NOV 6 - 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 \_\_\_\_\_

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

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed *KPM Gray*

Licensed Embalmer No. *3153*

P. O. Address *Sedalia 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.