

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 28 1951

BIRTH NO.		REG. DIST. NO. 172	PRIMARY REG. DIST. NO. 4273	Registrar's No.
1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette		
b. CITY OR TOWN Concordia		c. CITY OR TOWN Concordia 0546		
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE		d. STREET ADDRESS (If rural, give location) 314. St Louis St		
3. NAME OF DECEASED (Type or Print) a. (First) MARTHA b. (Middle) --- c. (Last) KLINGENBERG		4. DATE OF DEATH (Month) (Day) (Year) 11 21 1951		
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Dec 30 1890	9. AGE (In years last birthday) 60
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) ALMA Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Andrew Fuchs		13b. MOTHER'S MAIDEN NAME MARTHA STUENKEL	14. NAME OF HUSBAND OR WIFE HERMAN H KLINGENBERG	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS? Herman H. Klingenberg		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion & myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201		INTERVAL BETWEEN ONSET AND DEATH Several yrs.
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)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:30 p.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Rodney M. O. O.		23b. ADDRESS Concordia, Mo	23c. DATE SIGNED 11/23/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) 0	24b. DATE Nov 24-51	24c. NAME OF CEMETERY OR CREMATORY St Pauls	24d. LOCATION (City, town, or county) (State) Concordia Mo	
DATE REC'D BY LOCAL REG. Nov 24-1951	REGISTRAR'S SIGNATURE (Signature) 154	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS (Signature) Concordia Mo		

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

0540

RECEIVED NOV 27 1951

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed NOV 27 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.....
Student Embalmer

Signed

E. G. ...
2959

Licensed Embalmer No.

P. O. Address *Concordia 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.