

# STANDARD CERTIFICATE OF DEATH

6070

State File No. ....

REC'D MAR 10 1952

BIRTH NO. .... REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5998 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>PUTNAM</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PUTNAM</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>POWERSVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>POWERSVILLE</u>	
c. LENGTH OF STAY (In this place) <u>LIFE TIME</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

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3. NAME OF DECEASED (Type or Print) a. (First) <u>VIOLA</u> b. (Middle) <u>ANNA</u> c. (Last) <u>KLINGINSMITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEBRUARY 22 1952</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 21 1881</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (State or foreign country) <u>PUTNAM COUNTY MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>THOMAS ELLIS</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH MILLER</u>	14. NAME OF HUSBAND OR WIFE <u>J. O. KLINGINSMITH</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. O. Klingin Smith, Powersville, 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, asthma, 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>Cerebral apoplexy.</u>		<u>7 days</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>Vascular hypertension</u>			<u>not known</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>3, 34X</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)	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 Jan 15, 1949, to Feb 22, 1952, that I last saw the deceased alive on Feb 23, 1952, and that death occurred at: 4:52 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. A. Dale, D.O.</u>	(Degree or title)	23b. ADDRESS <u>Newtown, Mo.</u>	23c. DATE SIGNED <u>2/29/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB. 24 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>POWERSVILLE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>POWERSVILLE MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>3-6-52</u>	REGISTRAR'S SIGNATURE <u>Marcell Durbin</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>COMSTOCK FUNERAL HOME</u> BY <u>James W. Comstock</u>	ADDRESS <u>UNIONVILLE, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

70-27-307

APR 17 1956

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

*James W Constock*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4197*

P. O. Address *Unionville, 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.