

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24886

State File No.

FILED AUG 4 1952

BIRTH NO. 427 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 5596 Registrar's No. 36

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

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DeSoto Rural (Waller)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DeSoto Rural (Waller)</u>	
c. LENGTH OF STAY (In this place) <u>yr.</u>		d. STREET ADDRESS (If rural, give location) <u>2 mi. S. DeSoto off Hy. 21</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>2 mi. S. DeSoto off Hy. 21</u>			
3. NAME OF DECEASED (Type or Print) <u>FLORENCE — KLEINSTUBER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 16 1952</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JANUARY 29-1881</u>
9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	
11. BIRTHPLACE (State or foreign country) <u>DE SOTO Mo. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ISAAC T. DAVIS</u>		13b. MOTHER'S MAIDEN NAME <u>VICTORIA DAVIS</u>	
14. NAME OF HUSBAND OR WIFE <u>HENRY KLEINSTUBER</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>Henry Kleinstuber</u>		ADDRESS <u>De Soto 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive heart disease</u>			<u>years</u>
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION <u>443 X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none.</u>		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>July 16, 1952</u> , to <u>July 16, 1952</u> , that I last saw the deceased alive on <u>July 16, 1952</u> , and that death occurred at <u>1:45 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Nov. V. Ministry N.D.D.</u>		23b. ADDRESS <u>De Soto Mo.</u>	
23c. DATE SIGNED <u>July 19, 52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 18 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>DeSoto Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-21-52</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Marie C. Harris - C. Donnell B. Hatch DeSoto Mo.</u>	

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED JUL 25 1952

SEP 25 1950

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 _____

Samuel B. Dietrich

Licensed Embalmer No. *4104*

P. O. Address *Debar 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.