No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28975

BIRTH NO. AUG 27 1952 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5935 Registrar's No. 266

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY OR TOWN Rural (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place) 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) RFD #5 - Sedalia

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Pettis
c. CITY OR TOWN Rural (If outside corporate limits, write RURAL and give township) 0250
d. STREET ADDRESS (If rural, give location) RFD #5 Sedalia 0

3. NAME OF DECEASED (Type or Print) a. (First) Nicholas b. (Middle) Klein c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) Aug 18, 1952

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 31, 1876
9. AGE (In years last birthday) 76 | If under 1 year: Months 0 Days 7 | If under 1 hr.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist Helper
10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. Ry
11. BIRTHPLACE (State or foreign country) Jennings Co. Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Klein, Sr.
13b. MOTHER'S MAIDEN NAME Frances
14. NAME OF ~~HUSBAND~~ OR WIFE Maude Klein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 702-18-3304
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Maude Klein - Sedalia

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDITIS — INTERVAL BETWEEN ONSET AND DEATH 5 YRS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ARTERIO SCLEROSIS
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
NEPHRITIS - ARTHRITIS
BRONCHITIS - SENILITY

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JAN, 1948, *to* DEATH, 19__, *that I last saw the deceased alive on* JULY, 1952, *and that death occurred at* 3:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Karl B. Gonser (Degree or title) MD
23b. ADDRESS Sedalia Mo.
23c. DATE SIGNED Aug 19 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-21-52
24c. NAME OF CEMETERY OR ~~CREMATORY~~ Calvary
24d. LOCATION (City, town, or county) (State) Sedalia Mo.

DATE REC'D BY LOCAL REG. 8-21-52
REGISTRAR'S SIGNATURE R. Campbell MD
Bernice Hall deputy
251-0
FUNERAL DIRECTOR'S SIGNATURE & ADDRESS Laughlin Bros - Sedalia
(Licensed Embalmer's Statement on Reverse Side)

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

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 K. P. McGrary

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.