

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35571

State File No. \_\_\_\_\_

FILED OCT 28 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 392 PRIMARY REG. DIST. NO. 5649 Registrar's No. 9

0550

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

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>LAWRENCE</u>		
b. CITY OR TOWN <u>Pierce township</u>		c. LENGTH OF STAY (to this place) <u>71 yrs</u>	c. CITY OR TOWN <u>Rural Pierce township</u>		d. STREET ADDRESS (If rural, give location) <u>RFD 2 Pierce City</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD 2 Pierce City</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 18 52</u>		
3. NAME OF DECEASED (Type or Print) <u>Martin</u>	a. (First)	b. (Middle) <u>ANDREW</u>	c. (Last) <u>KLUCK</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11/10/1862</u>	9. AGE (to years last birthday) <u>89</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fanning</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fanning</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bavaria, Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Martin Kluck</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>RFD 2 Josephine Kluck Pierce City</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 (Address) <u>Les Kluck R. 7 W 2 Pierce City</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		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uremia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of stomach</u>			3 yrs		
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 _____		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) <u>151X</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"/>	21f. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from <u>July 9, 1950</u> , to <u>Oct 18, 1952</u> , that I last saw the deceased alive on <u>Oct 18, 1952</u> , and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Charles A. Spears, M.D.</u>			23b. ADDRESS <u>Pierce City, MO</u>		23c. DATE SIGNED <u>10-21-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/21/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Marys</u>	24d. LOCATION (City, town, or county) (State) <u>Pierce City MO</u>		
DATE REC'D BY LOCAL REG. <u>10/21-52</u>		REGISTRAR'S SIGNATURE <u>John P. David</u>		25. FUNERAL DIRECTOR'S SIGNATURE (Address) <u>William J. Wessell Pierce City</u>	

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 me

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

working under my personal supervision.

Student .....

Student Embalmer

Signed

R. Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Monk, 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.