

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37983

State File No.

FILED NOV 24 1952

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4109 Registrar's No. 75

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

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kentonsville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salisbury</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0210</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>name</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>David</u>	b. (Middle) _____	c. (Last) <u>Klingman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-16-1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>5/26/1865</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>retired farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Peoria Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Chris Klingman</u>	13b. MOTHER'S MARYDEN NAME <u>Tracy</u>	14. NAME OF HUSBAND OR WIFE <u>Jessie Klingman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Fred Klingman</u>	ADDRESS <u>Peoria</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis</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 _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>0211</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 8/5, 1952 to 11/6, 1952 that I last saw the deceased alive on 11/6, 1952, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>William Fowler</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Kentonsville, Mo</u>	23c. DATE SIGNED <u>11/18/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>	24b. DATE <u>11/18/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salisbury</u>	24d. LOCATION (City, town, or county) (State) <u>Salisbury Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-18-52</u>	REGISTRAR'S SIGNATURE <u>W. C. Lewis</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wanda Thompson</u>	ADDRESS <u>Madison Mo</u>
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed *Mrs. Freda A. Kump*

Signed.....
Student Embalmer.

Licensed Embalmer No. *2282*

P. O. Address *Madison, Wis*

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.