

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **42751**

REC'D DEC 29 1952

REG. DIST. NO. **181** PRIMARY REG. DIST. NO. **5676** Registrar's No. **35**

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Millwood		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Millwood	
c. LENGTH OF STAY (In this place) Lifetime		d. STREET ADDRESS (If rural, give location) 3 mi. West Silex	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 mi. West Silex			
3. NAME OF DECEASED (Type or Print) a. (First) Grace b. (Middle) Mary c. (Last) Klein			4. DATE OF DEATH (Month) (Day) (Year) Dec. 22 52
5. SEX F	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Jan 16 1879
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months 11 Days 6	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) Lincoln County Mo.
12. CITIZEN OF WHAT COUNTRY? USA.			
13a. FATHER'S NAME James Lyons		13b. MOTHER'S MAIDEN NAME Mary Davis	14. NAME OF HUSBAND OR WIFE Louis P. Klein
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Louis Klein ADDRESS Silex, Mo.	
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) Diabetes mellitus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Amputation of lower limb. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. myocarditis.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 260x	
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 Nov. 1, 1952 to Dec. 22, 1952 , that I last saw the deceased alive on Dec 22, 1952 , and that death occurred at 1:45 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE R.M. Davis (Degree or title) M.D.		23b. ADDRESS Silex Mo.	23c. DATE SIGNED 12-24-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 24 52	24c. NAME OF CEMETERY OR CREMATORY Millwood	24d. LOCATION (City, town, or county) (State) Millwood Mo.
DATE REC'D BY LOCAL REG. 12/26/52	REGISTRAR'S SIGNATURE Miss Catherine Bentley	25. FUNERAL DIRECTOR'S SIGNATURE Vomund-Mudd ADDRESS Silex, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD

No. 300
10.48

570
1

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.....
Student Embalmer

Signed *James A. Mudd*

Licensed Embalmer No. *4152*

P. O. Address *Bawling Green, 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.