

FILED JAN 21 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4625

BIRTH NO. _____ REG. DIST. NO. 363 PRIMARY REG. DIST. NO. 6736 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE North Dakota b. COUNTY Unknown	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Charrette		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hebron 8330	
c. LENGTH OF STAY (in this place) 6 years		d. STREET ADDRESS (If rural, give location) Unknown	
d. FULL NAME OF HOSPITAL OR INSTITUTION Emmaus Home			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Carl	b. (Middle) Alvin	c. (Last) Klick	(Month) Jan.	(Day) 10	(Year) 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Nov. 20, 1901	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Hebron North Dakota		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Conrad M. Klick	13b. MOTHER'S MAIDEN NAME Frieda Jung	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 501-12-4661	17. INFORMANT'S SIGNATURE OR NAME John G. Ruhl	ADDRESS Marthasville, Mo.
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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 1 yr 6 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of spleen with metastasis to throat		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2002			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 9, 1953 to Jan 10, 1953, that I last saw the deceased alive on Jan 9, 1953, and that death occurred at 7 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree by title) J. C. Johnson, M.D.	23b. ADDRESS Marthasville, Mo.	23c. DATE SIGNED 1/10/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/13/53	24c. NAME OF CEMETERY OR CREMATORY Hebron Cemetery	24d. LOCATION (City, town, or county) (State) Hebron, North Dakota
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DATE REC'D BY LOCAL REG. Jan 10/53	REGISTRAR'S SIGNATURE J. C. Johnson	334-0	25. FUNERAL DIRECTOR'S SIGNATURE Edmond F. ...	ADDRESS Marthasville, Mo.
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10/11/53

FEB 6 1953

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 Almont F. Lichtenberg

Licensed Embalmer No. 4318

P. O. Address Marthasville, 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.