

FILED FEB 17 1953

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

5395

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>112</u>		PRIMARY REG. DIST. NO. <u>5429</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Beral Lyon</u>		c. LENGTH OF STAY (in this place) <u>3 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Beral-Rural</u>		d. STREET ADDRESS <u>R.F.D.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>His Home</u>							
3. NAME OF DECEASED a. (First) <u>Edwin</u>		b. (Middle) <u>J.</u>		c. (Last) <u>Kliethemes</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-6-1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>Aug 27-1907</u>	9. AGE (In years last birthday) <u>43</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Osage Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Bernard Kliethemes</u>		13b. MOTHER'S MAIDEN NAME <u>Elyzabeth Altheure</u>		14. NAME OF HUSBAND OR WIFE <u>Cecelia Kliethemes</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cecelia Kliethemes Beral Mo</u>		ADDRESS <u>Beral Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Glomerular Nephritis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) <u>592X</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Diabetes Mellitus</u>					
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)			
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>Nov 27, 1952</u> to <u>Feb 6, 1953</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. H. Matthews M.D.</u>				23b. ADDRESS <u>Bertrand Mo</u>		23c. DATE SIGNED <u>2-7-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-9-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Perry Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Boose Creek Osage Mo</u>		
DATE REC'D BY LOCAL REG. <u>2-7-53</u>		REGISTRAR'S SIGNATURE <u>J. H. Matthews</u>		GENERAL DIRECTOR'S SIGNATURE <u>E. J. Meyer</u>		ADDRESS <u>Beral Mo</u>	

0360

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

APR 27 1938

MAY 4 1938

**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 \_\_\_\_\_

*Stanley E. Meyer*

Licensed Embalmer No. \_\_\_\_\_

*4639*

P. O. Address \_\_\_\_\_

*Gerald, 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.