

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 930

FILED MAR 7 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>JACKSON</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> c. LENGTH OF STAY (In this place) <u>LIFE</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GLADSTONE HOTEL</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> d. STREET ADDRESS (If rural, give location) <u>319 E. 9th</u>	
<b>3. NAME OF DECEASED</b> a. (First) <u>RAYMOND</u> b. (Middle) <u>W.</u> c. (Last) <u>KLAMM</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Feb 10 1953</u>	
<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>NEVER MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>Nov 28, 1903</u>
<b>9. AGE</b> (In years last birthday) <u>49</u>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>TOWNEK METAL HARDWARE CO</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>BARRY, MO</u>
<b>11. BIRTHPLACE</b> (State or foreign country) <u>U.S.A</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A</u>	
<b>13a. FATHER'S NAME</b> <u>John W. KLAMM</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>MARY E. DEISTER</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>NONE</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
<b>16. SOCIAL SECURITY NO.</b> <u>486-09-1305</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Rose RANDALL - BASHLAND, MO.</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>rheumatic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>	
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. <u>410K</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from</b> <u>Febr 10, 1953</u> , to <u>Febr 19, 1953</u> that I last saw the deceased alive on <u>Febr 10, 1953</u> , and that death occurred at <u>7: A m.</u> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> <u>Walter L. Washburn</u> (Degree or title)		<b>23b. ADDRESS</b> <u>Bashland, Mo</u>	
<b>23c. DATE SIGNED</b> <u>2/11/53</u>			
<b>24a. BURIAL CREMATION REMOVAL</b> (Specify) <u>BURIAL</u>	<b>24b. DATE</b> <u>2-12-53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>BARRY</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>BARRY Mo.</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>2-12-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Deraldine Smith</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>D.W. NEWCOMER'S NORTH K.C. MO</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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Glenn H. Hill*

Signed.....

Student Embalmer

Licensed Embalmer No. *4586*

P. O. Address *K.C. 16, 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.