

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

**14662**

State File No. ....

**MAY 2 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4241 Registrar's No. 89

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived) (If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Oak Grove</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Oak Grove 7000</u>	
c. LENGTH OF STAY (in this place) <u>8 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>town</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>town</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) <u>MARTHA E. KLOTZ</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>4-15-53</u>		
a. (First)	b. (Middle)	c. (Last)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
<u>M</u>	<u>E</u>	<u>KLOTZ</u>	<u>Feb 1-1878</u>	<u>75</u>	<u>Home</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	11. BIRTHPLACE (City and State or Foreign Country)	12. CITIZEN OF WHAT COUNTRY?	10b. KIND OF BUSINESS OR INDUSTRY
<u>widowed</u>	<u>Home</u>	<u>Home</u>	<u>Nakalen Mo</u>	<u>USA</u>	<u>Home</u>

<b>13a. FATHER'S NAME</b> <u>John Grubb</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary E Day</u>		<b>14. NAME OF HUSBAND OR WIFE</b> _____	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b>	
<u>no</u>		<u>none</u>		<u>Lollie Sullivan Peis Summit Mo</u>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>			<b>19. INTERVAL BETWEEN ONSET AND DEATH</b>
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia (Hypostatic)</u>		DUE TO (b) <u>Apoplexy</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.		DUE TO (c) <u>Triniplegia</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Frailty</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"/>	
		<u>352x</u>			
<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>	

**22. I hereby certify that I attended the deceased from 4-15-1953 to 4-15-1953, that I last saw the deceased alive on 4-15-1953, and that death occurred at 8:29 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>[Signature]</u>		<b>23b. ADDRESS</b> <u>RD. Pelusa Mo</u>		<b>23c. DATE SIGNED</b> <u>4/16/53</u>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b>		<b>24b. DATE</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b>	
<u>Burial</u>		<u>4-18-53</u>		<u>Oak Grove</u>	
				<u>Oak Grove Mo</u>	

<b>DATE REC'D BY LOCAL REG.</b> <u>4-17-53</u>		<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>[Signature]</u>	
				<b>ADDRESS</b> <u>Peis Summit Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

MAY 26 1959

MAY 26 1959

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

*W B Langford*

Licensed Embalmer No. *3823*

P. O. Address *Lee's Summit*

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.