FILED JUL 13 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21976

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5591 Registrar's No. 27

0500 1

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

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Central
c. LENGTH OF STAY (In this place): 1 1/2
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Morse Mill Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Central 0500 0
d. STREET ADDRESS (If rural, give location): R R 1

3. NAME OF DECEASED (Type or Print): a. (First) Earl b. (Middle) C. c. (Last) Klein

4. DATE OF DEATH (Month) (Day) (Year): June 25 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: May 25 1886
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Me chanic
10b. KIND OF BUSINESS OR INDUSTRY: Auto Mechanic
11. BIRTHPLACE (State or foreign country): Cleveland Ohio 1
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Emil Klein
13b. MOTHER'S MAIDEN NAME: Yackey
14. NAME OF HUSBAND OR WIFE: Elizabeth Klein

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.: Unknown
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Elizabeth Klein R 1 Hillsboro, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Natural
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T. B. Edwards 3 M.D. Coroner
23b. ADDRESS: Cedar Hill.
23c. DATE SIGNED: 6/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 29 1953
24c. NAME OF CEMETERY OR CREMATORY: Odd Fellows
24d. LOCATION (City, town, or county) (State): Lemay Mo.

DATE REC'D BY LOCAL REG.: 6-26-53
REGISTRAR'S SIGNATURE: Kathleen Marsden 141-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C. Hoffmeister 7814 S. Broadway St. Louis Mo.

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(Licensed Embalmer's Statement on Reverse Side) 9 BR A.9 Mohn

JUL 14 1953

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED JUL 8 1953

JUL 13 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 Daniel J. Mahn

Licensed Embalmer No. 4326

P. O. Address DeSoto, 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.