

FILED SEP 8 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27692**

BIRTH NO.		REG. DIST. NO. <b>31</b>		PRIMARY REG. DIST. NO. <b>5108</b>		Registrar's No. <b>30</b>	
1. PLACE OF DEATH a. COUNTY <b>Benton</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Benton</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural Williams</b>		c. LENGTH OF STAY (In this place) <b>Life</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Williams</b>		0080	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3 1/2 Liles North Cole Camp</b>				d. STREET ADDRESS (If rural, give location) <b>3 1/2 North Cole Camp</b>			
3. NAME OF DECEASED (Type or Print) <b>Claus</b>		a. (First) <b>Claus</b>		b. (Middle) <b>----</b>		c. (Last) <b>Konsees</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 3rd 1953</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify widowed) <b>Widowed</b>	
8. DATE OF BIRTH <b>Aug. 26th 1882</b>		9. AGE (In years last birthday) <b>71</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>7</b>		IF UNDER 24 HRS. Hours <b>7</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Cole Camp Rural Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Konsees</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Harms</b>		14. NAME OF HUSBAND OR WIFE <b>Alma Konsees</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Clara Konsees Cole Camp Mo</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> <b>10y</b> DUE TO (c) <b>Hypertension</b> <b>same</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <b>Oct 1952</b> , to <b>Aug 31, 1953</b> , that I last saw the deceased alive on <b>Sept 2, 1953</b> , and that death occurred at <b>6:30 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Harold B. Wickert D.O.</b>				23b. ADDRESS <b>Cole Camp, Mo.</b>		23c. DATE SIGNED <b>9/4/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept 5th 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St Johns Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Benton Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Sept 4, 1953</b>		REGISTRAR'S SIGNATURE <b>E L Eickhoff 394</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>E L Eickhoff Cole Camp Mo</b>			

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

**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 E. G. Eichhoff

Licensed Embalmer No. 780

P. O. Address Cole City, 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.