

FILED NOV 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35943**

5090

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) Kansas City

c. CITY OR TOWN Kansas City

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Troost Lake

STREET ADDRESS (If rural, give location) 933 Paseo 3158

3. NAME OF DECEASED
a. (First) Oscar b. (Middle) William c. (Last) Klinefelter

4. DATE OF DEATH (Month) (Day) (Year) 10-23-53

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Aug. 23, 1887

9. AGE (In years, last birthday) 66 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 1 Wk.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Labor

10b. KIND OF BUSINESS OR INDUSTRY ?

11. BIRTHPLACE (City and State or Foreign Country) Walngy, Ill.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Adam Klinefelter

13b. MOTHER'S MAIDEN NAME Sarah ??

14. NAME OF HUSBAND/OR WIFE Lydia Klinefelter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No.

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Minnie Pearson, 933 Paseo

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Death By Drowning
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.

INTERVAL BETWEEN ONSET AND DEATH
2 1/2
27 42

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION no part removed

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) suicide?

21b. PLACE OF INJURY (e.g., in or about home, factory, street, office building, etc.) Lake

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-23-53 m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? drowning

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 Hugh H. Owens (Degree or title)

23b. ADDRESS 1034 Piatt Bldg

23c. DATE SIGNED 10-25-53

24a. BUREAU, CREMATION, OR BURIAL

24b. DATE 10-26-53

24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary

24d. LOCATION (City, town, or county) (State) Kansas City, Kansas.

DATE REC'D BY LOCAL REG. 10-25-53 REGISTRAR'S SIGNATURE Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. Tigerman & sons, K.C. Mo.

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

3

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.....
Signature of Student Embalmer

Signed *A. de Roy Mavny*.....

Licensed Embalmer No. *477*.....

P. O. Address *KC 2*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.