

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39591

State File No.

BIRTH NO. NOV 17 1953 REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4272 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <u>Lafayette,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waverly</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Alma</u>	
c. LENGTH OF STAY (In this place) <u>3 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Kelling Clinic</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hugo</u> b. (Middle) <u>Kleeschulte</u> c. (Last) <u>Kleeschulte</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 12 53</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 12, 1883</u>	9. AGE (In years last birthday) <u>70</u>	10. IF UNDER 1 YEAR (Months) (Days) <u>9 10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad Agent</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Higginsville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>

13a. FATHER'S NAME <u>Ernest Kleeschulte</u>	13b. MOTHER'S MAIDEN NAME <u>Artemeze Jarman</u>	14. NAME OF HUSBAND OR WIFE <u>Mamie (Marshall) Kleeschulte</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>709-12-0466</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ruby Evert, Alma, Missouri</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral aneurysm bladder with ganglionic metastasis</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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>181X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 Jan 6, 1946 to Nov 12, 1953, that I last saw the deceased alive on Nov 12, 1953 and that death occurred at 10:25 m., from the causes and on the date stated above.

23a. SIGNATURE: <u>Hughes Kelling M.D.</u> (Physician or title)	23b. ADDRESS <u>Waverly, Mo</u>	23c. DATE SIGNED <u>11-14-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11/15/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>
24d. LOCATION (City, town, or county) (State) <u>Sedalia, Pettis, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>Nov. 14-1953</u>	REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u> 1549	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alfred H. Brown, Alma, Mo.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

0540

OCT 11 1954

MAR 9 1954

DEC 3 1954

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 Alfred N. Brewer
Licensed Embalmer No. 2696

P. O. Address Alma, 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.