

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43815

State File No. \_\_\_\_\_

FILED DEC 30 1953

91091

REG. DIST. NO. 273

PRIMARY REG. DIST. NO. 3051

Registrar's No. 1221

1. PLACE OF DEATH a. COUNTY <b>PERRY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>PERRY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PERRYVILLE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PERRYVILLE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>PERRY CO. MEMORIAL</b>		d. STREET ADDRESS (If rural, give location) <b>0791</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>FRANCIS</b> b. (Middle) <b>ANTHONY</b> c. (Last) <b>KLEIN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>DEC 9 1953</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>DEC 9 1953</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days <b>Y 45</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>PERRYVILLE MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>FRANCIS KLEIN</b>		13b. MOTHER'S MAIDEN NAME <b>RUTH GUETHLE</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Francis Klein Sr. Genesee Mo</b> ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity</b> ANTECEDENT CAUSES <b>Respiratory failure</b> 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 <b>7735</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. 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) (Min.)		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>Mar 9<sup>th</sup>, 1953</b> , to <b>Mar 9<sup>th</sup>, 1953</b> , that I last saw the deceased alive on <b>Mar 9<sup>th</sup>, 1953</b> , and that death occurred at <b>2:30 P.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Joseph F. Lutkewitz MD</b>		23b. ADDRESS <b>St. Mary's Mo</b>	
23c. DATE SIGNED <b>10 Mar 53</b>		24. BURIAL, CREMATION (REMOVAL) (Specify) 24b. DATE <b>DEC 10 1953</b> 24c. NAME OF CEMETERY OR CREMATORY <b>VALLE SPRING</b> 24d. LOCATION (City, town, or county) (State) <b>ST. GENEVIEVE MO</b>	
DATE REC'D BY LOCAL REG. <b>Dec 14 53</b>		REGISTRAR'S SIGNATURE <b>Joe J. Zoellner 250</b> 25. FUNERAL DIRECTOR'S SIGNATURE <b>Rec. Ascher Genesee Mo</b> ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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 *Leslie Barber*.....

Licensed Embalmer No. 1985.....

P. O. Address *St. Lawrence 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.