

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5445**

FILED MAR 8 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **207** PRIMARY REG. DIST. NO. **5758** Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY <b>Maries</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Maries</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Miller TWP</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Miller Twp</b>	
c. LENGTH OF STAY in this place <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>Brinktown, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Mary</b>	b. (Middle) <b>A</b>	c. (Last) <b>Kloeppel</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>3 15 54</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>8/15/98</b>	9. AGE (In years last birthday) <b>55</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>16</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House keeper</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Maries Co., Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Joseph Kloeppel</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Bremerel</b>	14. NAME OF HUSBAND OR WIFE <b>Never married</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <b>No.</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Frank Kloeppel</b> ADDRESS <b>Brinktown, Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute myocardial infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary thrombosis</b>		
	DUE TO (c) <b>embolism</b>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Veterine Removal home</b>			<b>2 weeks</b>

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)
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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?
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22. I hereby certify that I attended the deceased from **Feb. 26, 1954**, to **Feb. 26, 1954**, that I last saw the deceased alive on **Feb. 26, 1954**, and that death occurred at **6:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. K. W. Michigan</b>	23b. ADDRESS <b>Dixie, Mo.</b>	23c. DATE SIGNED <b>3/4/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/4/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Guardian Angel</b>	24d. LOCATION (City, town, or county) (State) <b>Brinktown Mo.</b>
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DATE REC'D BY LOCAL REG. <b>3-5-54</b>	REGISTRAR'S SIGNATURE <b>Pauline Howard</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. C. Cunningham</b> ADDRESS <b>Brinktown, Mo.</b>
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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.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 3664

P. O. Address Peoria, 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.