

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7729**

FILED: APR 12 1954
BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **97**

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone <i>0105</i>											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. LENGTH OF STAY (in this place) Nov 1952		c. CITY OR TOWN Columbia		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
d. FULL NAME OF HOSPITAL OR INSTITUTION 427 Banks				e. STREET ADDRESS (If rural, give location) 427 Banks											
3. NAME OF DECEASED (Type or Print) AUGUST WILLIAM KLEMMÉ			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) April 6, 1954			
5. SEX Male <i>0</i>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 28, 1865		9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer				10b. KIND OF BUSINESS OR INDUSTRY Retired Farmer				11. BIRTHPLACE (City and State or Foreign Country) Waldorf, Germany <i>4</i>			12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Unknown				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Freda Hesse Klemme							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. NO.				17. INFORMANT'S SIGNATURE OR NAME Mrs. A.W. Klemme, Columbia, Mo.				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) Septic Decomposition ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Acute Cystitis								INTERVAL BETWEEN ONSET AND DEATH 2 weeks 5 years 1 mo			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 4222								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 Nov. 1953 , to April 6, 1954 , that I last saw the deceased alive on April 6, 1954 and that death occurred at 3:00 P.M. , from the causes and on the date stated above.															
23a. SIGNATURE Paul J. Stetson, M.D. (Degree or title)						23b. ADDRESS Prof. Bldg. Columbia Mo				23c. DATE SIGNED April 54					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			24b. DATE Apr. 8, 1954			24c. NAME OF CEMETERY OR CREMATORY Hartsburg Cemetery			24d. LOCATION (City, town, or county) (State) Hartsburg, Missouri.						
DATE REC'D BY LOCAL REG. April 7 1954			REGISTRAR'S SIGNATURE Mrs. R. E. Palmer <i>31-0</i>				25. FUNERAL DIRECTOR'S SIGNATURE Parson Funeral Service, Columbia Mo.				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.....
Signature of Student Embalmer

Signed *John Phillips*.....
Licensed Embalmer No. *48*.....

P. O. Address *Columbia*.....

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.