No. 300
10-48

FILED AUG 6 - 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23417

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5582 Registrar's No. 166

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Carthage~~ Jackson Twp.
c. LENGTH OF STAY (In this place): 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fair Acres

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN: Jackson Twp ~~Carthage~~
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): Grand Ave Rd - Fair Acres

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) HENRY c. (Last) KLAMBERG

4. DATE OF DEATH (Month) (Day) (Year): July 26, 1954

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: November 2, 1874

9. AGE (In years last birthday): 79 — 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 maintenance

10b. KIND OF BUSINESS OR INDUSTRY: Gas Service Co

11. BIRTHPLACE (City and State or Foreign Country): Winchester, Indiana

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: unknown

13b. MOTHER'S MAIDEN NAME: Mary unknown

14. NAME OF HUSBAND OR WIFE: Mary Carter Klamberg

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

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: Lucretia Quinn — **ADDRESS**: 901 Fulton, Carthage, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arteriosclerosis — Unknown

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: 331X

20. AUTOPSY? YES ☐ NO ☒

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) m.

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

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-17, 1951, *to* 7-26, 1954, *that I last saw the deceased alive on* 7-24, 1954, *and that death occurred at* 4:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: 304 Grant Carthage

23c. DATE SIGNED: 7-26-54

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: July 28, 1954

24c. NAME OF CEMETERY OR CREMATORY: Forest Park Cemetery

24d. LOCATION (City, town, or county) (State): Joplin, Missouri

DATE REC'D BY LOCAL REG.: 7-28-54

REGISTRAR'S SIGNATURE: Emma M Clifford 137-0

25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**: Knell Mortuary Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 4 195
Jasper County Health Office
County File Number 54-8-4
Date Filed AUG 4 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ..... Student Embalmer No. .....

working under my personal supervision..

Student ..... Signed Robert H. Knell
Signature of Student Embalmer

Licensed Embalmer No. 4459

P. O. Address Carthage, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.