S. No. 300
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 6 - 1954

State File No. 23766

BIRTH NO. ____ REG. DIST. NO. 228 PRIMARY REG. DIST. NO. 4342 Registrar's No. 13

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

1. PLACE OF DEATH
a. COUNTY: MONTGOMERY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JONESBURG
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: MONTGOMERY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JONESBURG 0700
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) MARTHA b. (Middle) ANN c. (Last) KLINGER

4. DATE OF DEATH (Month) 7 (Day) 28 (Year) 54

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 10 1874
9. AGE (In years last birthday): 80 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Warren County Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: NICHOLAS KEY
13b. MOTHER'S MAIDEN NAME: ANN HAWKINS
14. NAME OF HUSBAND OR WIFE: Ed KLINGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Ed Klinger — ADDRESS: Jonesburg 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

		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocardial Failure	6 hrs
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Congestive Heart Disease	24 hrs
DUE TO (c)	Uremia	48 hrs.
11. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Chronic Nephritis	1 yr.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4341
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* July 2nd, 1954, *to* July 28, 1954, *that I last saw the deceased alive on* July 27, 1954, *and that death occurred at* 5:45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: A. Knudsen (Degree or title) O.D.
23b. ADDRESS: Jonesburg Mo
23c. DATE SIGNED: 7/29/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 30 54
24c. NAME OF CEMETERY OR CREMATORY: Jonesburg
24d. LOCATION (City, town, or county) (State): Jonesburg Mo

DATE REC'D BY LOCAL REG.: Aug. 4-54
REGISTRAR'S SIGNATURE: Mrs May Miller 206
25. FUNERAL DIRECTOR'S SIGNATURE: C. A. Harding — ADDRESS: Jonesburg Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Carl A. Harding

Licensed Embalmer No. 4115

P. O. Address Jonesburg 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.