S. No. 300
v. 10.48

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41921

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 460

0804
1

1. PLACE OF DEATH
a. COUNTY PETTIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SEDALIA
c. LENGTH OF STAY (in this place) 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 208 S. Washington

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY PETTIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SEDALIA 0804
d. STREET ADDRESS (If rural, give location) 208 S. Washington

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN
b. (Middle) JACOB
c. (Last) KLEIN

4. DATE OF DEATH (Month) (Day) (Year) Dec 20, 1954

5. SEX MALE 0
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2
8. DATE OF BIRTH Aug 17, 1866
9. AGE (In years last birthday) 88 — 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Agriculture
11. BIRTHPLACE (City and State or Foreign Country) Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Klein
13b. MOTHER'S MAIDEN NAME Francis (unknown)
14. NAME OF HUSBAND OR WIFE Julia Dilthey Klein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS William F. Klein, Windsor, 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) coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) coronary thrombosis — 6 mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
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* 12/20/, 1954, *to* 12/20/, 1954 *that I last saw the deceased alive on* 12/20/, 1954, *and that death occurred at* 3 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE K. L. Holden (Degree or title) D.O.
23b. ADDRESS 1116 Mt. Ind. Sedalia, Mo.
23c. DATE SIGNED 12/20/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-22-54
24c. NAME OF CEMETERY OR CREMATORY Peninsula
24d. LOCATION (City, town, or county) (State) Pettis County, Mo.

DATE REC'D BY LOCAL REG. 12/21/54
REGISTRAR'S SIGNATURE Lavina Coontz, Deputy 251-0
25. FUNERAL DIRECTOR'S SIGNATURE Duane Ewing
ADDRESS Sedalia, Mo.

(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 R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia

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.