

FILED JAN 3 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41996

BIRTH NO. 89944-54 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 140

1. PLACE OF DEATH a. COUNTY <u>Missouri</u> <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u>	
b. CITY OR TOWN <u>Wynesville</u>	c. LENGTH OF STAY (in this place) <u>10 hrs.</u>	c. CITY OR TOWN <u>BRINKTOWN</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville General Hospital</u>		No. STREET ADDRESS (If rural, give location) <u>0630</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Paul</u>	b. (Middle) <u>Edward</u>	c. (Last) <u>Kleffner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12 21 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>X</u>	8. DATE OF BIRTH <u>12/20/1954</u>	9. AGE (In years last birthday) <u>X</u>	IF UNDER 1 YEAR Months <u>X</u>	IF UNDER 24 HRS. Days <u>X</u>	Hours <u>12</u>	Min. <u>12</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dixon, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Leo Kleffner</u>	13b. MOTHER'S MAIDEN NAME <u>Faye Grempczynski</u>	14. NAME OF HUSBAND OR WIFE <u>X</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>X</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Leo Kleffner, Brinktown, Missouri</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <u>normal forces of labor in normal spontaneous birth.</u>			
Conditions contributing to the death but not related to the disease or condition causing death.			

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 12-20, 1954, to 12-21, 1954, that I last saw the deceased alive on 12-21, 1954, and that death occurred at 2 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Douglas Gates D.O.</u> (Degree or title)	23b. ADDRESS <u>Dixon, Mo.</u>	23c. DATE SIGNED <u>12-22-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-22-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brinktown Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Brinktown, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12-22-54</u>	REGISTRAR'S SIGNATURE <u>Paula Jane Anderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fred H. Gilbert, Dixon, Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 12-22-54  
Pulaski County Health Officer  
File Number  
Date Filed 12-27-54

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 12/21/1954, Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Fred O. Gilbert

Licensed Embalmer No 234

P. O. Address Dixon, Missouri

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.