

FILED JAN 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1757

BIRTH NO. _____		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 12					
1. PLACE OF DEATH a. COUNTY MARION				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI				b. COUNTY MARION			
b. CITY (If outside corporate limits, write RURAL and give township) OR HANNIBAL TOWN		c. LENGTH OF STAY (in this place) 21 Days		c. CITY OR TOWN WARREN TOWNSHIP		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION. LEVERING HOSPITAL				e. STREET ADDRESS (If rural, give location) MONROE CITY, MO R 3				0640 1			
3. NAME OF DECEASED (Type or Print) a. (First) ALTA			b. (Middle) WOODFORD			c. (Last) KLEIN			4. DATE OF DEATH (Month) (Day) (Year) January 16, 1955		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH January 18, 1892		9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months 11 Days 27	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife			10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) MARION COUNTY, MISSOURI			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME JAMES R. STEVENSON			13b. MOTHER'S MAIDEN NAME BERTIE CLOUGH			14. NAME OF HUSBAND OR WIFE FRANK A. KLEIN					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>Frank A. Klein</i>			ADDRESS <i>Monroe City, Mo R 3</i>				
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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Stenosis ANTECEDENT CAUSES arterio sclerosis & Hypertension DUE TO (b) Chronic Hypertension DUE TO (c) Chronic Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 2 day ? ?			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X				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)		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 <i>Jan 1, 1955</i> to <i>Jan 16, 1955</i> , that I last saw the deceased alive on <i>Jan 16, 1955</i> , and that death occurred at <i>6:40am</i> , from the causes and on the date stated above.											
23a. SIGNATURE <i>John Francis</i>				23b. ADDRESS <i>Monroe City, Mo</i>		23c. DATE SIGNED <i>Jan 18 55</i>					
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-18-55		24c. NAME OF CEMETERY OR CREMATORY ANDREW CHAPEL		24d. LOCATION (City, town, or county) (State) MARION COUNTY, MISSOURI					
DATE REC'D BY LOCAL REG. 1-19-55		REGISTRAR'S SIGNATURE <i>Dr. E. M. Lucke</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Wilson & Son's Monroe City, Mo.</i>						

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 25 1955
MARION CO. HEALTH DEPT.
DATE FILED JAN 25 1955

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 *Leslie L. Nelson*.....

Licensed Embalmer No. *2014*.....

P. O. Address *House City, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.