

FILED JAN 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

3653

BIRTH NO. _____ REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 4521 Registrar's No. 2

1070

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

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Texas</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>MISSOURI</u> b. COUNTY <u>TEXAS</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Houston Precy</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL CASS</u> | |
| c. LENGTH OF STAY (in this place) <u>10 min</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) _____ c. (Last) <u>KLAAS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>1 11 1955</u> | | |
| 5. SEX <u>MO</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | |
| 8. DATE OF BIRTH <u>April 6, 1885</u> | | 9. AGE (In years, last birthday) <u>69</u> | | 10. IF UNDER 1 YEAR: Months <u>9</u> Days <u>5</u> Hours <u>1</u> Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Career & paper hanger</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Woolstock Iowa</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Bill Klaas</u> | | | |
| 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | | 14. NAME OF HUSBAND OR WIFE <u>Devia</u> | | | |

| | | | | | |
|---|--|---|--|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes world war I</u> | | 16. SOCIAL SECURITY NO. <u>481-165746</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Devia Klaas</u> ADDRESS <u>Rt. 2 Cabool Mo</u> | |
|---|--|---|--|---|--|

| | | | | | |
|--|--|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u> | | ANTecedent CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Anger & Effort</u> | | | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (b) _____ | | | |
| 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 <u>4201</u> | | 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 1/11, 1955, to 1/11, 1955, that I last saw the deceased alive on 1/11, 1955, and that death occurred at 7:45 P.M., from the causes and on the date stated above.

| | | | | | |
|--|--|---|--|---|--|
| 23a. SIGNATURE <u>J. Burns md</u> (Degree or title) | | 23b. ADDRESS <u>Houston, Mo.</u> | | 23c. DATE SIGNED <u>1/12/55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | | 24b. DATE <u>1-14-55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>GRACELAND</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>WEBSEER CITY - IOWA</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Elliott Funeral Home</u> ADDRESS <u>Houston</u> | | DATE REC'D BY LOCAL REG. <u>1-22-55</u> REGISTRAR'S SIGNATURE <u>Myrtle Craig</u> 327-0 | |

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JAN 20 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
Student Embalmer

Signed Frank E. Wood

Licensed Embalmer No. 4036

P. O. Address Houston, TX

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.