

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11477

State File No.

FILED APR 25 1955

BIRTH NO. _____ REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 4487 Registrar's No.

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| 1. PLACE OF DEATH a. COUNTY <u>Franklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union</u> | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN <u>Union</u> | d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No <u>00361</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u> | | e. STREET ADDRESS (If rural, give location) <u>501 South Oak St.</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>William</u> c. (Last) <u>Klaeger</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 21st 1955</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>August 1st 1896</u> | 9. AGE (In years last birthday) <u>58</u> | 10. UNDER 1 YEAR Months <u>8</u> Days <u>20</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe worker</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Leaphint worker</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Bland Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |

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| 13a. FATHER'S NAME <u>William Klaeger</u> | | 13b. MOTHER'S MAIDEN NAME <u>Francis Buttermiller</u> | | 14. NAME OF HUSBAND OR WIFE <u>Esther Klaeger Mo.</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>500-18-5745</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Esther Klaeger Union Mo.</u> ADDRESS <u>Union Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Throma</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 hrs.</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>193X</u> |

22. I hereby certify that I attended the deceased from 4/2, 1955, to 4/21, 1955, that I last saw the deceased alive on 4/21, 1955, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>[Signature]</u> | 23b. ADDRESS <u>Union Mo.</u> | 23c. DATE SIGNED <u>4/22/55</u> |
| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>4/24/1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Union</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Union Mo.</u> | | |

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| DATE REC'D BY LOCAL REG. <u>4/22-55</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Union Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 12 1956

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 *E. F. Ottmann*.....

Licensed Embalmer No. *1686*

P. O. Address *Windsor, Me.*

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.