

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36326

State File No. _____

FILED DEC 5 1955

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>345</u>			
1. PLACE OF DEATH a. COUNTY: <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE: <u>Missouri</u> b. COUNTY: <u>Cole</u>					
b. CITY (If outside corporate limits, write full name of city or town): <u>Jefferson City, Mo.</u>		c. LENGTH OF STAY (If there): <u>23 hrs</u>		c. CITY OR TOWN: <u>Lohman</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF DECEASED (in hospital, institution, or address or location): <u>Chas. E. Still Hospital</u>				e. STREET ADDRESS (If rural, give location): <u>026 1</u>					
3. NAME OF DECEASED (Type or Print) a. (First): <u>Raymond</u> b. (Middle): <u>Fredrick</u> c. (Last): <u>Klatt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 29 55</u>						
5. SEX: <u>Male</u>		6. COLOR OF HAIR: <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): <u>Married</u>		8. DATE OF BIRTH: <u>Oct 2nd 1915</u>			
9. AGE (In years last birthday): <u>40</u>		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (If not gainful work, state occupation in last 12 months): <u>Construction Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Construction</u>		11. BIRTHPLACE (City and State, or foreign country): <u>Prairie Home, Mo.</u>		12. CITIZENSHIP (What country): <u>U.S.A.</u>			
13a. FATHER'S NAME: <u>Carl Klatt</u>		13b. MOTHER'S M maiden name: <u>Sophia Heckman</u>		14. NAME OF HUSBAND OR WIFE: <u>Helena Plochberger</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, or unknown): <u>Yes 1941-1945</u>		16. SOCIAL SECURITY NO.: <u>499-16-6076</u>		17. INFORMANT'S SIGNATURE AND ADDRESS: <u>Mrs. Helena Klatt Lohman, Mo.</u>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory Failure</u>				DUE TO (b) <u>Continued Gastric Emulsion 23 hrs.</u>				<u>7 hrs.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Cirrhosis of Liver</u>								<u>4 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>58.10</u>									
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)		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 <u>Oct 22nd 1955</u> , to <u>Nov 29th 1955</u> , that I last saw the deceased alive on <u>Nov 29, 1955</u> , and that death occurred at <u>10:45 pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title): <u>E. Spencer Macaulay D.O.</u>				23b. ADDRESS: <u>303 W. M. East, Jefferson City</u>				23c. DATE SIGNED: <u>11-29-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>		24b. DATE: <u>12-2-55</u>		24c. NAME OF CEMETERY OR CREMATORY: <u>Jefferson City National</u>		24d. LOCATION (City, town, or county) (State): <u>Jefferson City, Cole, Mo.</u>			
DATE REC'D BY LOCAL REG.: <u>2 Dec 1955</u>		REGISTRAR'S SIGNATURE: <u>R.P. Dorris MD-DR.</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: <u>Kugel & Schubert Russellville</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

63117

DEC 6 1955

DEC 7 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 *Hugo H Schubert*
.....

Licensed Embalmer No. *282*
P. O. Address *Russell*
.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.