

FILED FEB 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1557

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before adjustment). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Prairie</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL PRAIRIE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Hosp-</u>		d. STREET ADDRESS (If rural, give location) <u>1000</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u> b. (Middle) <u>D.</u> c. (Last) <u>Klebenstone</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 27 56</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>W.H.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	
8. DATE OF BIRTH <u>Oct. 13, 1896</u>		9. AGE (In years last birthday) <u>59</u>		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 1 YEAR Hours Min.		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. BIRTHPLACE (State or foreign country) <u>Topeka, Kansas</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CAB DRIVER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SELF</u>		11. BIRTHPLACE (State or foreign country) <u>Topeka, Kansas</u>	

13a. FATHER'S NAME <u>LOUIS P. KLEBENSTINE</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Housh</u>		14. NAME OF HUSBAND OR WIFE <u>MARY K. KLEBENSTINE</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>H.A. KLEBENSTINE 4102 PASEO K.C.M.O.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>331X</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u>			INTERVAL BETWEEN ONSET AND DEATH <u>9 years.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.						

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 Nov., 1954, to Jan, 1956, that I last saw the deceased alive on Jan. 27, 1956, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert Stinson M.D.</u>		23b. ADDRESS <u>Independence, Mo.</u>		23c. DATE SIGNED <u>1-28-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>1-30-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>K.C. KANSAS</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Melody-McGilley-Ey/ar K.C.M.O.</u>		DATE REC'D BY LOCAL REG. <u>1-28-1956</u> REGISTRAR'S SIGNATURE <u>D. B. Lundgaard</u>	

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

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.....

Malvin Bartlett

Licensed Embalmer No. 4903

P. O. Address V. C. [initials]

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.