

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1830**

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4272 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waverly		c. CITY OR TOWN Corder, Mo.	
c. LENGTH OF STAY (In this place) 6 days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Kelling Clinic		e. STREET ADDRESS (If rural, give location) 0570	

3. NAME OF DECEASED a. (First) Charles b. (Middle) Gilbert c. (Last) Kleinschmidt			4. DATE OF DEATH (Month) (Day) (Year) I 4 56		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 9-14-1887		9. AGE (In years last birthday) 67 10. UNDER 1 YEAR Months 3 Days 24 11. UNDER 2 HRS. Hours 0 Min. 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bulk agent			10b. KIND OF BUSINESS OR INDUSTRY Oil			11. BIRTHPLACE (City and State or Foreign Country) Corder Missouri			12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME H. F. Kleinschmidt			13b. MOTHER'S MAIDEN NAME Louise Rosengarten			14. NAME OF HUSBAND OR WIFE Delia E. Liese Corder		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 495-09-0190			17. INFORMANT'S SIGNATURE OR NAME Irvin Kleinschmidt ADDRESS Corder		

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) cerebral hemorrhage						INTERVAL BETWEEN ONSET AND DEATH 1/3/56 1/4/56	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 331x							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. cardio vascular renal disease						??????	

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 Dec. 29, 1955, to 1/4, 1956, that I last saw the deceased alive on 1/4, 1956, and that death occurred at 6:10A m., from the causes and on the date stated above.

23a. SIGNATURE Douglas Kelling M.D. (Degree or title)			23b. ADDRESS Waverly, Missouri			23c. DATE SIGNED 1/5/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE I-6-56		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) Corder, Mo.		

DATE REC'D BY LOCAL REG. Jan 6, 1956		REGISTRAR'S SIGNATURE Clayton H. Landrum		154-0		25. FUNERAL DIRECTOR'S SIGNATURE Ferris A. Hooper ADDRESS Higginsville, Mo.	
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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.....
Signature of Student Embalmer

Signed *Forest A. Hoefler*.....

Licensed Embalmer No. 4801.....

P. O. Address Higginsville.....

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.