

FILED MAR 7 1956

THE DIVISION OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5249**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **112**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Independence</b>	c. LENGTH OF STAY (In this place) <b>12hrs</b>	c. CITY OR TOWN <b>Blue Springs</b>	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 <b>Independence San-Hospital</b>			
e. STREET ADDRESS <b>306 S 16 th Street</b>		7000	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Peter</b> b. (Middle) <b>V</b> c. (Last) <b>Kling</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 26 1956</b>		
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5. SEX <b>M</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED/WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 12 1890</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Ford Motor Co Employee</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Wheaton Ills</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>Vaentine Kling</b>		13b. MOTHER'S MAIDEN NAME <b>Sophie Woerhli</b>		14. NAME OF HUSBAND OR WIFE <b>Ethel Kling</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>335-05-8691</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Ethel Kling Blue Springs Mo</b>			
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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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute cardiac failure</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary occlusion</b>			<b>16 hr</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"/>
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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) <b>4201</b>
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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?
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22. I hereby certify that I attended the deceased from **2-25**, 19**56**, to **2-26**, 19**56**, that I last saw the deceased alive on **2-25**, 19**56**, and that death occurred at **5:20 A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Merrill R. Baym, D.</b> (Degree or title)		23b. ADDRESS <b>Blue Spr, Mo</b>	23c. DATE SIGNED <b>2-27-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb 28 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Green Lawn Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo</b>
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DATE REC'D BY LOCAL REG. <b>2-28-56</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b> <b>354</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Webb Funeral Home Blue Springs Mo</b>
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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..... *R B Webb*

Licensed Embalmer No. *230*

P. O. Address *Blue Springs*

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.