

FILED MAR 19 1958

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>	c. CITY OR TOWN <u>Washington</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>508 E. Fifth St.</u>		d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>508 E. Fifth St.</u>		0360	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUIS FREDERICK</u>	b. (Middle) _____	c. (Last) <u>KLICK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 12, 1956</u>
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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>July 4, 1893</u>	9. AGE (in years last birthday) Months Days Hours Min. <u>62 8 8</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Herman, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Franklin Klick</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Kuschel</u>	14. NAME OF HUSBAND OR WIFE <u>Alvina Elise Klick</u>
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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>493-36-1490</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alvina E. Klick</u>	ADDRESS <u>Washington, 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>Coronary Thrombosis</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u> sudden</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> <u>arteriosclerosis</u>		
	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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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 no prior attention, 1956, that I last saw the deceased alive on 1956, and that death occurred at 5:15 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. M. Asfield, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Washington, Mo</u>	23c. DATE SIGNED <u>3/12/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 15, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>John's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Stalder, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3/14/56</u>	REGISTRAR'S SIGNATURE <u>J. C. Hudman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>G. L. Hudman</u>	ADDRESS <u>Nicholsville, Mo. Washington, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side) H. J. Webb

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 *Jerome F. Swoboda*.....

Licensed Embalmer No. *4501*

P. O. Address *Washington*

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.