10.300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19829

State File No.

FILED JUL 16 1956

BIRTH NO. REG. DIST. NO. 63 PRIMARY REG. DIST. NO. 3010 Registrar's No. 342

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (in this place): 17 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Girardeau
c. CITY OR TOWN: Cape Girardeau
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 1625 Bessie Street

0167

3. NAME OF DECEASED (Type or Print)
a. (First): WALTER
b. (Middle): R.
c. (Last): KLAPROTH

4. DATE OF DEATH (Month) (Day) (Year): July 10, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 11, 1898
9. AGE (In years last birthday): 58 — If under 1 year: Months 5, Days 29 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (City and State or Foreign Country): Cape Girardeau County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: August Klaproth
13b. MOTHER'S MAIDEN NAME: Cassann Master
14. NAME OF HUSBAND OR WIFE: Hazel H. Klaproth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 490-10-8790
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Hazel H. Klaproth
ADDRESS: Cape Gir., Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma left lung c — INTERVAL BETWEEN ONSET AND DEATH: 5 Mos

ANTECEDENT CAUSES — Metastasis to adrenal glands

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) 163x

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Malnutrition due to above

19a. DATE OF OPERATION: 16 Feb 56
19b. MAJOR FINDINGS OF OPERATION: Carcinoma left lung Non-Resectable
20. AUTOPSY? YES [X] NO [ ]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 16 Feb *1956, to* 10 July *, 1956, that I last saw the deceased alive on* 10 July *, 1956, and that death occurred at* 2:35 *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. M. Kirby
(Degree or title): MD
23b. ADDRESS: 1912 Broadway Cape Girardeau
23c. DATE SIGNED: 10 July 56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 12, 1956
24c. NAME OF CEMETERY OR CREMATORY: Lorimier Cemetery
24d. LOCATION (City, town, or county) (State): Cape Girardeau, Missouri

DATE REC'D BY LOCAL REG.: 7-14-56
REGISTRAR'S SIGNATURE: Elizabeth Summers Dep
25. FUNERAL DIRECTOR'S SIGNATURE: Walther's Funeral Home Cape Gir., Mo.
ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

4-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William Lee Jones

Licensed Embalmer No. 4410

P. O. Address Cape Girar

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