

FILED JUL 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20106**

BIRTH NO. _____		REG. DIST. NO. <u>110</u>		PRIMARY REG. DIST. NO. <u>4182</u>		Registrar's No. <u>46</u>		
1. PLACE OF DEATH a. COUNTY FRANKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY FRANKLIN				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BERGER		c. LENGTH OF STAY (in this place) BEOUF 37YRS		c. CITY OR TOWN BERGER		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 03610				
3. NAME OF DECEASED (Type or Print) a. (First) RUDOLPH			b. (Middle) _____			c. (Last) KLOPHAUS		
4. DATE OF DEATH (Month) (Day) (Year) JUNE 24, 1956								
5. SEX <input checked="" type="radio"/> MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH DEC. 18, 1889		
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months 6 Days 6		IF UNDER 2 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and State or Foreign Country) BERGER MO.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME FRITZ KLOPHAUS			13b. MOTHER'S MAIDEN NAME JULIA SCHILLHAMMER			14. NAME OF HUSBAND OR WIFE		
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. 490-40-4547		17. INFORMANT'S SIGNATURE OR NAME ADDRESS EDMUND KLOPHAUS FLAT RIVER 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, ashenia, etc. It means the disease, injury, or complication which caused death.								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion (found dead in home)								
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary insufficiency 5 years								
DUE TO (c) Arteriosclerosis c hypertension 7 years								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						
		4201						
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) (M.)		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 <u>4/16</u> exact time <u>10:47</u> to <u>6/24</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>6/15/56</u> , 19 <u>56</u> , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE R. P. Gissmann (Degree or title) M. D.				23b. ADDRESS New Haven, Missouri		23c. DATE SIGNED 6/26/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-27-1956		24c. NAME OF CEMETERY OR CREMATORY SENATE GROVE CEMETERY		24d. LOCATION (City, town, or county) (State) SENATE GROVE MO.		
DATE REC'D BY LOCAL REG. 9/27/1956		REGISTRAR'S SIGNATURE Hettie Mearns		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. A. Steiger (son) New Haven Mo				

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

JUL 1 1956

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.....
Earl O. Gentry

Licensed Embalmer No. *133*

P. O. Address *New York*

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.