

FILED JUL 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24390

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 2042 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fredricksburg, Mo</u>		c. CITY OR TOWN <u>Flat River</u>	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		e. STREET ADDRESS (If rural, give location) <u>200 Coffman St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Judy</u>	b. (Middle) <u>Caroline</u>	c. (Last) <u>Klengemann</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 15-1956</u>
5. SEX <u>Female</u>	6. COLOR OF RACE <u>White-Cauc</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>October 26-1918</u>
9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>37-8-19</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Flat River, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>teacher also had worked for Woolworths.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>Mr. Frank Nations</u>	13b. MOTHER'S MAIDEN NAME <u>Jessie Skizzo</u>	14. NAME OF HUSBAND OR WIFE <u>Mr. Jesse E. Klengemann</u>
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>498 056847</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Jesse E. Klengemann</u>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy (Subminating)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20-30 min</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334X</u>	

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) <u>Flat River (St. Francois) Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 July 15, 1956 to July 15, 1956, that I last saw the deceased alive on July 15, 1956, and that death occurred at 6:00 P.M. from the causes and on the date stated above.

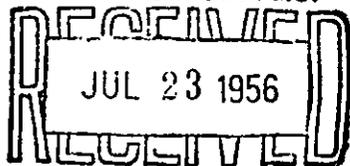
23a. SIGNATURE (Degree or title) <u>F. W. Zuspan D.O.</u>	23b. ADDRESS <u>Flat River</u>	23c. DATE SIGNED <u>7/17/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 18-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park View Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Jarvisburg Mo</u>		

DATE REC'D BY LOCAL REG. <u>7-18-1956</u>	REGISTRAR'S SIGNATURE <u>Florence Zickel</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Alvin W. Hood</u>	ADDRESS <u>303 Crane St. Flat River, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MADISON COUNTY HEALTH DEPT.  
FREDERICKTOWN, MO.



FILE No. 236-30

JUL 24 1956

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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 Chas. W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Orange St. Jt.

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.