

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30235

State File No. _____

FILED OCT 15 1956

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 127

1. PLACE OF DEATH
a. COUNTY Cooper.
b. CITY OR TOWN Boonville
c. LENGTH OF STAY (in this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Franklin
c. CITY OR TOWN Rural
d. Is Residence within limits of a city or incorporated town? Yes No
STREET ADDRESS (If rural, give location) New Franklin, Mo. 0451

3. NAME OF DECEASED
a. (First) Frederick b. (Middle) John c. (Last) Klusmeyer

4. DATE OF DEATH (Month) (Day) (Year)
Oct. 4 - 1956

5. SEX Male
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Aug 5 - 1882

9. AGE (in years last birthday) 74
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 24 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY Farmer

11. BIRTHPLACE (City and State or Foreign Country) Warren Co. Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John O. Klusmeyer

13b. MOTHER'S MAIDEN NAME Fredereka Sundmyer

14. NAME OF HUSBAND OR WIFE Minnie Kothage

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. 489-38-1006

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs Minnie Klusmeyer, New Franklin

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) Acute Myocardial Infarction
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 5 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES 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)
4200

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

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 9/30, 1956, to 10/4, 1956, that I last saw the deceased alive on 10/4, 1956, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Byron M. Stuart, M.D.

23b. ADDRESS 329 Main St. Boonville, Mo

23c. DATE SIGNED 10/10/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Oct. 4 - 56

24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant

24d. LOCATION (City, town, or county) (State) New Franklin, Mo.

DATE REC'D BY LOCAL REG. 10/10/56

REGISTRAR'S SIGNATURE D. Hooper

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS V. L. Hall, New Franklin Mo

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

2051 4 20 17

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 *H. L. Hall*.....

Licensed Embalmer No. *3515*

P. O. Address *New Franklin*

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.