

FILED NOV 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40304**

BIRTH NO.		REG. DIST. NO. 328		PRIMARY REG. DIST. NO. 4492		Registrar's No. 47					
1. PLACE OF DEATH a. COUNTY SCOTT				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI				b. COUNTY SCOTT			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL SYLVIANA TOWNSHIP			c. LENGTH OF STAY (In this place) 22 YRS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL SYLVIANA TOWNSHIP			1000				
d. FULL NAME OF HOSPITAL OR INSTITUTION R. F. D. #1 ORAN				d. STREET ADDRESS (If rural, give location) R. F. D. #1 ORAN							
3. NAME OF DECEASED (Type or Print) a. (First) ANNA MAE			b. (Middle) MARIE		c. (Last) KLUESNER		4. DATE OF DEATH (Month) (Day) (Year) NOV. 18 1956				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH OCT. 21 1903		9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE			10b. KIND OF BUSINESS OR INDUSTRY IN OWN HOME		11. BIRTHPLACE (State or foreign country) TENNESSEE			12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME PETER REISCHMANN			13b. MOTHER'S MAIDEN NAME CLARA HOLMANN			14. NAME OF HUSBAND OR WIFE JOE KLUESNER					
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. ?		17. INFORMANT'S SIGNATURE OR NAME JOE KLUESNER			ADDRESS ORAN, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Tumor				INTERVAL BETWEEN ONSET AND DEATH 9 months			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) X							
				DUE TO (c)							
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. X							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION X						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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 11-3 , 19 56 , to 11-18 , 19 56 , that I last saw the deceased alive on 11-15 , 19 56 , and that death occurred at 9:50A m., from the causes and on the date stated above.											
23a. SIGNATURE J. J. O'Dell M.D.				23b. ADDRESS Oran Mo.		23c. DATE SIGNED 11/20/56					
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV. 21 1956	24c. NAME OF CEMETERY OR CREMATORY NEW GUARDIAN ANGELS			24d. LOCATION (City, town, or county) (State) ORAN MO.					
DATE REC'D BY LOCAL REG. 11-23-56		REGISTRAR'S SIGNATURE Medical Inspector			25. FUNERAL DIRECTOR'S SIGNATURE Carl J. Smith		ADDRESS ORAN, MO.				

(Licensed Embalmer's Statement on Reverse Side)

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

6-300
0-48

45-0

DATE RECEIVED NOV 26 1956

SCOTT CO. HEALTH DEPT.

NO. FILE No. 1156-249

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Earl J. Smith

Signed

Student Embalmer

Licensed Embalmer No. 2676

P. O. Address Olney, Mo

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 this body is not embalmed, fact should be so stated above.