

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42434

STATE FILE NUMBER

FILED DEC 24 1956 Registration District No. 280 Primary Registration District No. 5964 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <i>Platte</i>				2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE <i>MO</i> b. COUNTY <i>Platte</i>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Riverside Platte</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Riverside</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <i>R7D 4 - N.K. City</i>			Length of stay in lb		d. STREET ADDRESS <i>R7D 4 -</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Elizabeth Susanna Klammer</i>				4. DATE OF DEATH Month <i>Nov.</i> Day <i>28</i> Year <i>1956</i>				
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>May 12, 1881</i>	9. AGE (In years last birthday) <i>75</i>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>at home</i>		11. BIRTHPLACE (City and state or country) <i>Parkville Mo.</i>		12. CITIZEN OF WHAT COUNTRY	
13. FATHER'S NAME <i>John P. Brenner</i>				14. MOTHER'S MAIDEN NAME <i>Louisa M. Trustey</i>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT Address <i>John P. Klammer R7D 4 North Kansas City Mo.</i>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]							INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bronchial Pneumonia</i>							<i>10 days</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) <i>Congestive heart failure</i>	
							<i>3/13/56</i>	
DUE TO (c) <i>Bronchial asthma, Emphysema</i>							<i>30-40 years</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
							<i>241X</i>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour : Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from <i>3/13/56</i> to <i>11/28/56</i> and last saw her alive on <i>11/28/56</i> . Death occurred at <i>6 PM</i> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>R. M. ... M.D.</i>				22b. ADDRESS <i>4030 North N. C. 16 Mo.</i>			22c. DATE SIGNED <i>Dec 3-56</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>Dec 3-56</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Stannan Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Parkville - Mo.</i>			
24. FUNERAL DIRECTOR ADDRESS <i>Leand H. Francis Parkville Mo.</i>			25. DATE RECD. BY LOCAL REG. <i>Dec 2-1956</i>		26. REGISTRAR'S SIGNATURE <i>Alpha Rollins</i>			

(Licensed Embalmer's Statement on Reverse Side)

1th, sifare, lic, vice

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, *[Signature]* by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Leland G. Francis*.....

Licensed Embalmer No. *345*.....

P. O. Address *Parkville*
401 main

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