

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19961

State File No. _____

FILED JUL 11 1957

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 156

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico Mo		c. CITY OR TOWN High Hill Mo	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 6 hr		e. STREET ADDRESS (If rural, give location) 6700 0 None	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain County			

3. NAME OF DECEASED (Type or Print)	a. (First) Tometha	b. (Middle) Elen	c. (Last) Klein	4. DATE OF DEATH (Month) (Day) (Year) 6-30-57
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-13-88	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A
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13a. FATHER'S NAME William Brockman	13b. MOTHER'S MAIDEN NAME Elizabeth Sinder	14. NAME OF HUSBAND OR WIFE Otto M. Klein
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Otto M. Klein	ADDRESS High Hill Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarct		INTERVAL BETWEEN ONSET AND DEATH 12 hours	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary occlusion			12 hours
	DUE TO (c) Coronary Arteriosclerosis			
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death. WPI sent to lab for cause of death			Unknown	

19a. DATE OF OPERATION 6-30-57	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 6-30, 1957, to 6-30, 1957, that I last saw the deceased alive on 6-30 PM 1957, and that death occurred at 8:00 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. D. Swan	23b. ADDRESS 1007 Maple Ave	23c. DATE SIGNED 6-30-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-3-57	24c. NAME OF CEMETERY OR CREMATORY McPHERSON CEMETERY	24d. LOCATION (City, town, or county) (State) HIGH HILL MO
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DATE REC'D BY LOCAL REG. June 30 1957	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE Clapham	ADDRESS MONTGOMERY CITY MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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, ~~XXXX~~ On the 30 th day of June 1957..... Student Embalmer No..... working under my personal supervision..

Student..... Signature of Student Embalmer

Signed..... C. W. Hopkins

Licensed Embalmer No. 1487 Montgomery City Mo P. O. Address.....

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.