ealth,
Welfare
ublic
ervice

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUN 17 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 20628

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 149

1. PLACE OF DEATH
a. COUNTY FRANKLIN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St FRANCIS HOSPITAL — Length of stay in 1b 2 WEEKS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY GASCONADE
c. CITY OR TOWN HERMANN 0371 — Inside Limits Yes X No ☐
d. STREET ADDRESS 209 SCHILLER (If outside, give location) — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First FRITZ Middle WILLIAM Last KLOSSNER

4. DATE OF DEATH Month JUNE Day 7 Year 1957

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH NOV. 8. 1883
9. AGE (In years last birthday) 73
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) MERCHANT
10b. KIND OF BUSINESS OR INDUSTRY Gen'l Mdse
11. BIRTHPLACE (City and state or country) PERSHING MO
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME FREDRICK KLOSSNER
14. MOTHER'S MAIDEN NAME PAULINE HOFFMANN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 492-36-8555
17. INFORMANT MRS. CAROLINE KLOSSNER Address HERMANN MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH 10 YEARS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
GENERALIZED ARTERIOSCLEROSIS 4200

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 10-19-52, to 6-7-57 and last saw ~~her~~ him alive on 6-6-57
Death occurred at 10 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Carl T. Shaw (Degree or title) M.D.
22b. ADDRESS Hermann Mo
22c. DATE SIGNED 6-8-57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 6/9/57
23c. NAME OF CEMETERY OR CREMATORY ST. JOHN CEMETERY
23d. LOCATION (City, town, or county) SWISS (State) MO

24. FUNERAL DIRECTOR HUGO H. BLUMER ADDRESS HERMANN MO
25. DATE RECD. BY LOCAL REG. 6/8/57
26. REGISTRAR'S SIGNATURE F.C. Stuhlmann F.C. Stuhlmann

(Licensed Embalmer's Statement on Reverse Side)

1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 31

P. O. Address Hermann

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.