

FILED SEP 11 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 027749  
State File No. 124  
REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5233 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>CASS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>CASS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WEST DOLAN TOWNSHIP</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WEST DOLAN TOWNSHIP</b>	
c. LENGTH OF STAY (in this place) <b>11 YRS.</b>		d. STREET ADDRESS (If rural, give location) <b>0190</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HOME</b>			

3. NAME OF DECEASED a. (First) <b>FRANKLIN</b> b. (Middle) <b>(None)</b> c. (Last) <b>KLABER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>AUG. 30 1957</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>AUG. 29, 1866</b>	9. AGE (In years last birthday) <b>91</b>	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) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>		11. BIRTHPLACE (State or foreign country) <b>WESTPORT, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>FRITZ KLABER</b>	13b. MOTHER'S MAIDEN NAME <b>ELIZABETH McDOWELL</b>	14. NAME OF HUSBAND OR WIFE <b>ELIZABETH KLABER (DECEASED)</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Eugene Klaber Westline, Mo.</b>	ADDRESS
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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) <b>ARTERIOSCLEROSIS</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 Month</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Old Age</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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?

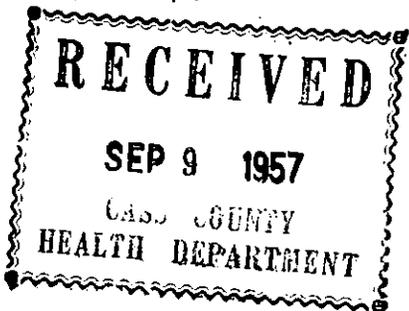
22. I hereby certify that I attended the deceased from **Aug 26, 1957**, to **Aug 30, 1957**, that I last saw the deceased alive on **Aug 30, 1957**, and that death occurred at **6 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title) (23c) ADDRESS	23c. DATE SIGNED <b>8/31/57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>9-2-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MAPLE HILL CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, KANSAS</b>
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DATE REC'D BY LOCAL REG. <b>Sept 2, 1957</b>	REGISTRAR'S SIGNATURE <b>Dora Bernard</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>WARD B. RUYAN</b>	ADDRESS <b>LOUISBURG, KANSAS</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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 .....  
Student Embalmer

Signed Gerald E White

Licensed Embalmer No. 4956

P. O. Address Grand Haven

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.