

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31339

FILED SEP 26 1957

STATE FILE NUMBER

4177

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b> )		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Union</b> TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Union Rural</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR HOME <b>Home farm</b> INSTITUTION		Length of stay in lb <b>40 yr</b>	d. STREET ADDRESS <b>2 mi east Union</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>George</b> Middle <b>Henry</b> Last <b>Klenke</b>			4. DATE OF DEATH Month <b>Sept</b> Day <b>19</b> Year <b>57</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <b>WIDOWER</b> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>9 May 1883</b>		9. AGE (In years last birthday) <b>74</b>
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>Farming</b>		11. BIRTHPLACE (City and state or country) <b>Washington, Missouri</b>	
13. FATHER'S NAME <b>William F Klenke</b>			14. MOTHER'S MAIDEN NAME <b>Christene Terschluse</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>William Klenke</b> Address <b>Union Missouri</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CEREBRAL CONCUSSION + LACERATION</b>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INSTANT.
DUE TO (b) <b>MULTIPLE SKULL FRACTURES</b>					
DUE TO (c) <b>(CRUSHED HEAD)</b> <b>9121</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>3</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <b>TRACTOR OVERTURNED AND</b>			
20c. TIME OF INJURY Hour <b>4:30</b> Month <b>9</b> Day <b>19</b> Year <b>57</b>		<b>CRUSHED SUBJECT WHO WAS DRIVING</b>			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>KLENKE FARM</b>		20f. CITY, TOWN, OR LOCATION <b>UNION FRANKLIN MO</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>4:30</b> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Thomas C Durdon</i> (Degree or title)			22b. ADDRESS <b>Union Mo</b>		22c. DATE SIGNED <b>9/26/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>4-23-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Immaculate Conception</b>	
23d. LOCATION (City, town, or county) <b>Union, Missouri</b>		23e. REGISTRAR'S SIGNATURE <i>Thomas C Durdon</i>			
24. FUNERAL DIRECTOR <i>Garley E Neugebauer</i>		25. DATE RECD. BY LOCAL REG. <b>9-26-57</b>		26. REGISTRAR'S SIGNATURE <i>Thomas C Durdon</i>	

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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, or by ..... Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Harley E. Meyer*

Licensed Embalmer No. *46*

P. O. Address *Amos*

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.