

Health, Welfare, Public Service

STANDARD CERTIFICATE OF DEATH

31450

STATE FILE NUMBER

FILED SEP 30 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 913

1. PLACE OF DEATH a. COUNTY GREENE b. CITY OR TOWN SPRINGFIELD c. FULL NAME OF HOSPITAL OR INSTITUTION BAPTIST 2. USUAL RESIDENCE a. STATE MO b. COUNTY WEBSTER c. CITY OR TOWN MARSHFIELD d. STREET ADDRESS 7 MI WEST

3. NAME OF DECEASED AMOS HENRY KLAUSMEIER 4. DATE OF DEATH SEP 19 1957

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH JAN 7 1880 9. AGE 77

10a. USUAL OCCUPATION RET MERCHANT 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE MISSOURI 12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME HENRY KLAUSMEIER 13b. MOTHER'S MAIDEN NAME CATHERINE BOGNER ROSE B. 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? NO 16. SOCIAL SECURITY NO. 194-09-2510 17. INFORMANT ROSE KLAUSMEIER 4201

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Arteriosclerotic Coronary Occlusion undet. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED.

20c. TIME OF INJURY 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY 20f. CITY, TOWN, OR LOCATION

21. I attended the deceased from 10 August 57 to 19 Sept 57 and last saw him alive on 18 Sept 1957 Death occurred at 7:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Stanley A. Peterson M.D. 22b. ADDRESS Springfield, Missouri 22c. DATE SIGNED 19 Sept 57

23a. BURIAL, CREMATION, REMOVAL REMOVAL 23b. DATE 9-22-1957 23c. NAME OF CEMETERY OR CREMATORY RIVERVIEW 23d. LOCATION LAGRANGE MO

24. FUNERAL DIRECTOR BARBER-EDWARDS MARSHFIELD MO 25. DATE RECD. BY LOCAL REG. 9-23-57 26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

OCT 8 1951

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 *[Signature]*

Licensed Embalmer No. 384  
P. O. Address [Signature]

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.