Health, Welfare Public Service

300
1-56

FILED OCT 7 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 32559

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY Lincoln
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Troy (Bedford) Twp. — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Lincoln County Memorial Hospital — Length of stay in 1b 13 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Charles
c. CITY OR TOWN New Melle — Inside Limits Yes ☒ No ☒
d. STREET ADDRESS New Melle (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Katie Middle Last Klausing

4. DATE OF DEATH Month Sept. Day 17 Year 1957

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH Dec. 5, 1871

9. AGE (In years last birthday) 85 — 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (City and state or country) St. Charles Co. Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Wippermann

14. MOTHER'S MAIDEN NAME Anna Marie Niehaus

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. None

17. INFORMANT Dina Wipperman Address New Melle, Mo.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Paralysis — INTERVAL BETWEEN ONSET AND DEATH 4 Days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Thrombotic Encephalomalacia

DUE TO (c) Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 332X

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 9-4-57 1:20 PM to 9-17-57 and last saw her/him alive on 9-17-57
Death occurred at 11:20 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Leonard Parfitt D.O.

22b. ADDRESS Troy, Mo

22c. DATE SIGNED 9-18-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Sept. 20, 1957

23c. NAME OF CEMETERY OR CREMATORY Evangelical Cemetery

23d. LOCATION (City, town, or county) (State) New Melle, Mo.

24. FUNERAL DIRECTOR Marris Muschany ADDRESS Wentzville, Mo

25. DATE RECD. BY LOCAL REG. OCT - 4 1957

26. REGISTRAR'S SIGNATURE Nell G. Schoenbein

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

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

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Howard O. Kenler

Licensed Embalmer No. 4

P. O. Address Wentwo

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.