

FILED DEC 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **45154**

BIRTH NO. _____		REG. DIST. NO. 228		PRIMARY REG. DIST. NO. 4341		Registrar's No. 59			
1. PLACE OF DEATH a. COUNTY Montgomery				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Montgomery					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bellflower		c. LENGTH OF STAY (in this place) 8 Months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Bearcreek Twp		e 7th 2			
d. FULL NAME OF HOSPITAL OR INSTITUTION Own Home				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) Rolland Klenk b. (Middle) Reed c. (Last)			4. DATE OF DEATH Dec 24 1957						
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sent 1 1906		9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Construction Work		11. BIRTHPLACE (State or foreign country) Carrol Co Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Leland F Reed		13b. MOTHER'S MAIDEN NAME Carrie Klenk		14. NAME OF HUSBAND OR WIFE Magdaline Nellie Reed					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. 497-09-7991		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Magdaline Nellie Reed Bellflower Mo.					
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Dilation of Ventricle ANTECEDENT CAUSES DUE TO (b) Heart Pneumonia Heart DUE TO (c) Arterio Sclerotic Nephritis				INTERVAL BETWEEN ONSET AND DEATH 5 days 20 yrs. P			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) 416X					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 2 , 19 52 , to Dec 23 , 19 57 , that I last saw the deceased alive on Dec 15 , 19 57 , and that death occurred at 11:00 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) James O. Helm MD				23b. ADDRESS New France Mo.		23c. DATE SIGNED 12-28-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 26 1957	24c. NAME OF CEMETERY OR CREMATORY Bellflower		24d. LOCATION (City, town, or county) (State) Bellflower Mo.				
DATE REC'D BY LOCAL REG. 12-27-57		REGISTRAR'S SIGNATURE James B. Ballawry		25. FUNERAL DIRECTOR'S SIGNATURE James B. Ballawry		ADDRESS Bellflower Mo.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

506

JAN 30 1958

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 _____

Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clarence Jones
Licensed Embalmer No. 2978

P. O. Address Bellflower Mo.

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.