

pt. Health,  
& Welfare  
S. Public  
Health Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017052

STATE FILE NUMBER

FILED APR 17 1958

Registration District No. 347

Primary Registration District No.

6162

Registrar's No. 29

S. 300  
ev. 1-57  
1040

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Stone</u>	
b. CITY OR TOWN <u>Reeds Springs Mo</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Reeds Springs 1040</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ruth J. W.D.</u>	Length of stay in 1b	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Ray</u> Middle <u>F</u> Last <u>Kleiber</u>			4. DATE OF DEATH Month <u>April</u> Day <u>5</u> Year <u>1958</u>		
5. SEX <u>m</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 1 - 1906</u>		9. AGE (In years at birthday) <u>52</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S</u>	
13a. FATHER'S NAME <u>Joseph Kleiber</u>		13b. MOTHER'S MAIDEN NAME <u>Katharine Rhone</u>		14. NAME OF HUSBAND OR WIFE <u>Hazel Kleiber</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>567-24-2657</u>	17. INFORMANT <u>Anthony Kleiber Pittsburg Kan.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ip coronary Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input 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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from <u>11-27-57</u> to <u>4-5-58</u> and last saw her alive on <u>4-5-58</u> Death occurred at <u>3:30</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>919, Latture Mrs.</u>	(Degree or title)	22b. ADDRESS <u>Reeds Springs - Mo.</u>	22c. DATE SIGNED <u>4-7-58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 8 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Spring Pond</u>	23d. LOCATION (City, town, or county) (State) <u>Reeds Springs - Mo</u>
24. FUNERAL DIRECTOR <u>Elliott J. Cheatham</u>	ADDRESS <u>Mo</u>	25. DATE RECD. BY LOCAL REG. <u>April 7 58</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. J. Elmer Brown</u>

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

per Lena Murray

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 *Everett J. Cheatham* .....

Licensed Embalmer No. *3870*.....  
P. O. Address *Halena Md.*.....

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.