

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028418

STATE FILE NUMBER

FILED SEP 15 1958 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 207

1. PLACE OF DEATH a. COUNTY CALLAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SHELBY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FULTON		c. CITY OR TOWN SHELBYNA	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STATE HOSPITAL NO. 1		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b 4mos. 12das.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MIDDLE Last FRITZ KLEIN			4. DATE OF DEATH Month Day Year Sept. 9, 1958		
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 25, 1872	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Marion County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Christian Klein			14. MOTHER'S MAIDEN NAME Louise Cink		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) D.K.		16. SOCIAL SECURITY NO. D.K.		17. INFORMANT Address State Hospital No. 1; Fulton, Missouri	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lung. et - broncho pneumonia			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Chronic Brain Syndrome			
DUE TO (c) Multiple Decubitus Ulcers			
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 checked="" type="checkbox"/> NO <input 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 Month, Day, Year 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 State Hosp. #1 from 4-28-58 to 9-9-58 and last saw him alive on			Death occurred at 10:40 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) Norma Cathy MD			22b. ADDRESS State Hospital No. 1; Fulton, Mo.		22c. DATE SIGNED 9-9-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Sept 9/58	23c. NAME OF CEMETERY OR CREMATORY Shelbyna		23d. LOCATION (City, town, or county) (State) Shelbyna Mo
24. FUNERAL DIRECTOR Maupin Funeral Home Fulton Mo		25. DATE RECD. BY LOCAL REG. Sept 13-1958		26. REGISTRAR'S SIGNATURE Maretha Lawrence	

(Licensed Embalmer's Statement on (Reverse Side))

Health & Welfare Public Service

S. 300 1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

490

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.....  
*J. J. Rossor*

Licensed Embalmer No. *25*

P. O. Address *Muller*

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.