

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032158
STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 126

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN New Franklin 64560
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph DOA.		Length of stay in lb None	d. STREET ADDRESS (If outside, give location) 103 N. Missouri
3. NAME OF DECEASED (Type or print) First MIDDLE Last OTTO JOHN KLUSMEYER			4. DATE OF DEATH Month Day Year Oct. 6, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 3, 1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Implement Co.	9. AGE (In years from birthday) 54
11. BIRTHPLACE (City and state or country) Howard County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Klusmeyer, Sr.		13b. MOTHER'S MAIDEN NAME Josephine Beuscher	14. NAME OF HUSBAND OR WIFE Mrs. Hilda Schwartz Klusmeyer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 496-32-5114	17. INFORMANT Hilda Address Mrs. Klusmeyer, New Franklin, 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) <u>Broncho PNEUMONIA</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Myasthenia GRAVIS</u> DUE TO (c) <u>7440</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 Days</u> <u>10 years</u>
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <u>July - 1948</u> to <u>Oct. 6, 1958</u> and last saw <u>her</u> alive on <u>Oct. 6 - 1958</u> Death occurred at <u>D.O.A. St. Joseph Hosp. Boonville MO</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>M. A. Gomez D.O.</u> (Degree or title)		22b. ADDRESS <u>229 1/2 MAIN BOONVILLE MO</u>	22c. DATE SIGNED <u>10-7-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 9, 58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>New Franklin, Missouri</u>
24. FUNERAL DIRECTOR <u>MARKLAND & HALL</u> ADDRESS <u>NEW FRANKLIN, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>10/8/58</u>	26. REGISTRAR'S SIGNATURE <u>De Hooper</u>

VS APR 2 1959

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 *Tom D. Marpland*

Licensed Embalmer No. *4592*
P. O. Address *New Franklin*

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.