

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036951

STATE FILE NUMBER

FILED NOV 13 1958

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. 155

S. 300
1-57

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

1. PLACE OF DEATH a. COUNTY <u>Iaclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Iaclede</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lebanon</u>		c. CITY OR TOWN <u>Lebanon</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wallace HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>288 No. Jackson</u>	
3. NAME OF DECEASED (Type or print) First <u>Karl</u> Middle <u>F</u> Last <u>Kleiner</u>		4. DATE OF DEATH Month <u>Oct.</u> Day <u>31</u> Year <u>1958</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>July 29 1905</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tobacco store operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>STORE</u>	11. BIRTHPLACE (City and state or country) <u>Lebanon Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Edward Kleiner</u>	
13b. MOTHER'S MAIDEN NAME <u>Bertha Weirauch</u>		14. NAME OF HUSBAND OR WIFE <u>Lillian Kleiner</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>492-10-8316</u>	
17. INFORMANT <u>Mrs. K. F. Kleiner</u>		Address <u>Lebanon Mo.</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>Carcinoma of stomach</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
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) <u>Cirrhosis of liver</u>			19. WAS AUTOPSY PERFORMED? <u>YES</u> 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.) <u>151X</u>	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <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.) <u>151X</u>	
		20f. CITY, TOWN, OR LOCATION <u>Lebanon Mo.</u>	
		COUNTY _____ STATE _____	
21. I attended the deceased from <u>8-31-56</u> to <u>10-31-58</u> and last saw ^{her} him alive on <u>10-31-58</u> Death occurred at <u>10:15</u> <u>AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>B B Hurst, M.D.</u>		22b. ADDRESS <u>Lebanon, Mo.</u>	
		22c. DATE SIGNED <u>11-1-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11/3/58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetary</u>		23d. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u>	
24. FUNERAL DIRECTOR <u>R. Palmy</u>		25. DATE RECD. BY LOCAL REG. <u>11-3-1958</u>	
		26. REGISTRAR'S SIGNATURE <u>Lilla L. Hays</u>	

NOV 21 1958

Date Filed NOV 12 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, Student Embalmer No. working under my personal supervision.

Student

Signature of Student Embalmer

Signed *S. P. Palmer*

Licensed Embalmer No. *2208*

P. O. Address *Labanon*

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.