

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038668
STATE FILE NUMBER

FILED OCT 28 1958 Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 44

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1. PLACE OF DEATH a. COUNTY WARREN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. CHARLES	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WARRENTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN WENTZVILLE, MO Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION KATIE SANE MEMORIAL HOME		Length of stay in 1b 5 YEARS	d. STREET (If outside, give location) ADDRESS HIGHWAY # 40 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES BEN KLEE			4. DATE OF DEATH Month Day Year OCTOBER 20, 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 30-1865
9. AGE (In years last birthday) 93		10. FUNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM LABORER		10b. KIND OF BUSINESS OR INDUSTRY STOCK + GRAIN FARM	11. BIRTHPLACE (City and state or country) St. Charles Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME UNKNOWN	
13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490-14-5021	17. INFORMANT Address St. Charles County Court, St. Charles, 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) Systemic Arteriosclerosis Heart Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Generalized Atherosclerosis DUE TO (c) Stroke			INTERVAL BETWEEN ONSET AND DEATH 2 w 2 w 2 w
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200			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 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 7-16-53 to 10-20-58 and last saw her/him alive on 10-18-58 Death occurred at Home m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Do not sign in title) Shadell H. Hatcher M.D.		22b. ADDRESS Wentzville Mo	22c. DATE SIGNED 10-20-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Oct. 21, 1958	23c. NAME OF CEMETERY OR CREMATORIUM WRIGHT CITY	23d. LOCATION (City, town, or county) (State) WRIGHT CITY MO.
24. FUNERAL DIRECTOR Morris Muschany, Wentzville, Mo		25. DATE RECD. BY LOCAL REG. 10-23-1958	26. REGISTRAR'S SIGNATURE Floyd Logan

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Harvard O Kessler*

Licensed Embalmer No. *4631*
P. O. Address *Westville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.