

(THE DIVISION OF HEALTH OF MISSOURI)
STANDARD CERTIFICATE OF DEATH

58-038781
STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 252

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		c. CITY OR TOWN Rush Hill <u>0040</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital		d. STREET ADDRESS (If outside, give location) None	
Length of stay in 1b 7 wks		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First AUGUSTA Middle Last KLOTZ			4. DATE OF DEATH Month Nov. Day 18 Year 58
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 13, 1873
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	11. BIRTHPLACE (City and state or country) Madison County, Ill
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Louis Hubert	
13b. MOTHER'S MAIDEN NAME Bertha Koenig		14. NAME OF HUSBAND OR WIFE Mr. George Klotz, Rush Hill, Mo.	
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. None	
17. INFORMANT Mr. George Klotz, Rush Hill, Mo.		Address	
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>Cardiac failure</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Colitis</u>			INTERVAL BETWEEN ONSET AND DEATH 4500
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 <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>May 14, 58</u> to <u>Nov 18, 58</u> and last saw ^{her} alive on <u>11-18-58</u> Death occurred at <u>5:30 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Frank Kelley, MD</u> (Degree or title)		22b. ADDRESS <u>Mexico Mo</u>	
22c. DATE SIGNED <u>11/19/58</u>		23a. BURIAL, CREMATION, REMOVAL (See 17)	
23b. DATE <u>Nov. 20, 58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Bean Creek Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Audrain, Mo.</u>		(State) <u>mo</u>	
24. FUNERAL DIRECTOR <u>Precht-Hueston, Mexico, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Nov 20 1958</u>	
26. REGISTRAR'S SIGNATURE <u>Blanchette Neely</u>			

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.

J. Frank Kelley, MD
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Ralph P. Hueston

Licensed Embalmer No. 4687

P. O. Address M. A. ...

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.