

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-046987  
STATE FILE NUMBER

FILED DEC 30 1958 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 241

5. 300  
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|  |                                  |   |  |
|--|----------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Vernon</b>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>                     |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Nevada</b>   |                                  | c. CITY OR TOWN <b>Nevada</b>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Nevada Hospital</b>  |                                  | d. STREET ADDRESS (If outside, give location)<br><b>R. R. # 3</b>   |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>George</b> Middle <b>Martin</b> Last <b>Klotz</b>   |                                  | 4. DATE OF DEATH<br>Month <b>Dec.</b> Day <b>16,</b> Year <b>1958</b>   |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Aug. 28, 1868</b>                     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farming, Retired</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (In years as of birthday) <b>90</b>                   |
| 11. BIRTHPLACE (City and state or country)<br><b>Peoria, Ill.</b>  |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |  |
| 13a. FATHER'S NAME<br><b>William Klotz</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Maria</b>   |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>Ida Arnold Klotz</b>   |                                  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |  |
| 16. SOCIAL SECURITY NO.<br><b>none</b>   |                                  | 17. INFORMANT<br><b>Herman Klotz R. #3 Nevada, Mo.</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Intestinal obstruction Carcinomatous</b><br>DUE TO (b) <b>Carcinoma Prostate</b><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>177X</b> |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 wks</b><br><b>?</b> |
| 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<br>Hour _____<br>a.m. _____<br>p.m. _____  |                                  | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  |
| 20e. CITY, TOWN, OR LOCATION<br><b>Nevada, Mo</b>  |                                  | 20f. COUNTY STATE   |  |
| 21. I attended the deceased from <b>October 4 1958</b> and last saw him alive on <b>Dec 16 1958</b><br>Death occurred at <b>2:25 pm</b> on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |   |  |
| 22a. SIGNATURE<br><b>Wm Klotz</b>  |                                  | 22b. ADDRESS<br><b>Nevada, Mo</b>   |  |
| 22c. DATE SIGNED<br><b>12/17/58</b>  |                                  | 22d. (State)  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  |                                  | 23b. DATE<br><b>12-16-58</b>  |  |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>Luthern Cemetery</b>  |                                  | 23d. LOCATION (City, town, or county)<br><b>Gorham, Kansas</b>  |  |
| 24. FUNERAL DIRECTOR<br><b>Eichinger Funeral Home-Nevada, Mo.</b>  |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>12-23-58</b>   |  |
| 26. REGISTRAR'S SIGNATURE<br><b>Anna E. Perry</b>  |                                  |   |  |

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 *Percy F. Milster* .....

Licensed Embalmer No. *4805* .....

P. O. Address *Hamden, Conn.* .....

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.