

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001835
STATE FILE NUMBER

FILED FEB 9 1959

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 162

1. PLACE OF DEATH a. COUNTY Jefferson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jefferson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rock Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Rock Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION near Antonia, Mo.		Length of stay in lb Life	d. STREET ADDRESS (If outside, give location) Near Antonia, Mo.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Lulu -- Klable			4. DATE OF DEATH Month Day Year Jan 28, 1959		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 8, 1883	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) near Antonia, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Christ Bruns		13b. MOTHER'S MAIDEN NAME Helen Kuenzle		14. NAME OF HUSBAND OR WIFE Adolph Klable	
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. None	17. INFORMANT Adolph Klable Address Tevlevy, 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>Coronary Thrombosis</u> <u>Cerebral Hemorrhage</u> <u>Left Sided Hemiplegia</u> <u>C.V. Hypertension</u> DUE TO (b) <u>Senility-Atherosclerosis</u> DUE TO (c) <u>Senility-Atherosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201					INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>Aug 1958</u> <u>Aug 1958</u> <u>Unknown</u>
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 <u>1950</u> to <u>28 Jan 1959</u> and last saw her alive on <u>27 Jan 1959</u> Death occurred at <u>11:15 pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Dr Leo W Rehner Jr D.a 2</u>			22b. ADDRESS <u>Box 215 Fruton, Mo</u>		22c. DATE SIGNED <u>1-30-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jan 31, 59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Antonia Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Antonia, Mo.</u>	
24. FUNERAL DIRECTOR <u>H eiligtag--Imperial, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>1-30-59</u>	26. REGISTRAR'S SIGNATURE <u>Robert E. Bauer</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

ALL diseases in Part I must be causally related.

3300 7 11-1927

DATE RECEIVED
FEB 6 1935

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 *William W. Healy*

Licensed Embalmer No. *3872*

P. O. Address *Harvard*

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.