

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006458

STATE FILE NUMBER

FILED FEB 16 1959

Registration District No. 231 Primary Registration District No. 4342 Registrar's No. 9

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-57

|  |                                  |   |  |
|--|----------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>MONTGOMERY</u>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MO</u> b. COUNTY <u>MONTGOMERY</u>                     |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>JONESBURG</u>  |                                  | c. CITY OR TOWN <u>JONESBURG</u>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION   |                                  | d. STREET ADDRESS (If outside, give location)   |  |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>JAMES EDWARD KLINGER</u>  |                                  | 4. DATE OF DEATH<br>Month Day Year<br><u>2-2-59</u>   |  |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Jan 27 1874</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>   |                                  | 11. BIRTHPLACE (City and state or country)<br><u>WARREN County Mo</u>   |  |
| 13a. FATHER'S NAME<br><u>LEONARD KLINGER</u>   |                                  | 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)  |                                  | 17. INFORMANT<br><u>Sarah TOMEK</u> Address <u>WARRETON Mo</u>  |  |
| 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) <u>Coronary Thrombosis</u>  |                                  | INTERVAL BETWEEN ONSET AND DEATH  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |                                  |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |                                  | 19. WAS AUTOPSY PERFORMED?<br>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.)<br><u>4201</u>   |  |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m.<br>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.)  |  |
| 21. I attended the deceased from _____, to _____ and last saw <sup>her</sup> <sub>him</sub> alive on _____<br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE   |  |
| 22a. SIGNATURE<br><u>F. J. Ball</u> (Degree or title) <u>Coroner</u>   |                                  | 22b. ADDRESS<br><u>Jonesburg Mo</u>   |  |
| 22c. DATE SIGNED<br><u>2-2-59</u>  |                                  |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |                                  | 23b. DATE<br><u>2-5-59</u>  |  |
| 23c. NAME OF CEMETERY OR CREMATORY<br><u>JONESBURG</u>   |                                  | 23d. LOCATION (City, town, or county) (State)<br><u>JONESBURG Mo</u>  |  |
| 24. FUNERAL DIRECTOR<br><u>Callaway</u> ADDRESS<br><u>Jonesburg Mo</u>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><u>2-9-59</u>   |  |
|  |                                  | 26. REGISTRAR'S SIGNATURE<br><u>Sandra B. Callaway</u>  |  |

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 *Carl A. Harding* .....

Licensed Embalmer No. *4115* .....

P. O. Address *Jonesburg Va* .....

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.