

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006765

STATE FILE NUMBER

FILED FEB 24 1959

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 47

300
-57

1. PLACE OF DEATH a. COUNTY Saint Charles			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 Saint Charles		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Saint Charles		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.		Length of stay in lb 3 hrs.	d. STREET ADDRESS (If outside, give location) 829 Perry		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Myrtle Middle Kleven Last Kleven			4. DATE OF DEATH Month Feb. Day 15, Year 1959		
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 Aug. 4, 1898	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 6 Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own	11. BIRTHPLACE (City and state or country) Gillespie, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Cyrus Lemay		13b. MOTHER'S MAIDEN NAME Josie Lyons		14. NAME OF HUSBAND OR WIFE Hans Kleven	
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 Address Cyrus Kleven, Saint 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) Cerebral hemorrhage, Right.				INTERVAL BETWEEN ONSET AND DEATH 6 hours.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis				Undet.	
DUE TO (c) Generalized arteriosclerosis				Undet.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 33				19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input 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 4:10 P.M. Month Feb. Day 15, Year 1959					
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 Feb. 15, 1959 , to Feb. 15, 1959 and last saw her ^{him} alive on Feb. 15, 1959 Death occurred at 4:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J.R. McIntire M.D.			22b. ADDRESS St. Charles, Mo.		22c. DATE SIGNED Feb. 16, 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 17, 1959	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		23d. LOCATION (City, town, or county) (State) Saint Charles, Mo.
24. FUNERAL DIRECTOR ADDRESS H.C. Dallmeyer & Sons St. Charles, Mo.			25. DATE RECD. BY LOCAL REG. Feb 16-59	26. REGISTRAR'S SIGNATURE Marcella Wilson	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *James R. Amalson*

Licensed Embalmer No. *4832*

P. O. Address *St. Charles*

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.