

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010010

STATE FILE NUMBER

FILED MAR 18 1959

Registration District No. 172

Primary Registration District No. 3034

Registrar's No. 20

alth, before ric rle, m. d. 00 57 Robert B. Best m. d.

1. PLACE OF DEATH a. COUNTY <b>LAFAYETTE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>LAFAYETTE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>HIGGINSVILLE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>CORDER</b> <b>0540</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>HERBERT FRANK KLUSSMAN</b>			4. DATE OF DEATH Month Day Year <b>FEB 25 1959</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>APRIL 9 1908</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MACHANIC</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>CORDER MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>HENRY KLUSSMAN</b>		13b. MOTHER'S MAIDEN NAME <b>ELSA KOCH</b>		14. NAME OF <del>MOTHER</del> OR WIFE <b>VIOLA KLUSSMAN</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>495-09-7415</b>	17. INFORMANT Address <b>MRS. HERBERT KLUSSMAN CORDER MO</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>15 min.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>History of angina pectoris H201</b>		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 <b>Higginsville, Mo.</b>	COUNTY <b>MO.</b>	STATE
21. I attended the deceased from <b>1948</b> to <b>2/25/59</b> and last saw <del>him</del> <sup>him</sup> alive on <b>2/25/59</b> Death occurred at <b>4:15</b> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <b>Robert B. Best m. d.</b>		22b. ADDRESS <b>Higginsville, Mo.</b>		22c. DATE SIGNED <b>3/4/59</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>FEB 28 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ZION LUTHERAN</b>	23d. LOCATION (City, town, or county) (State) <b>CORDER MISSOURI</b>
24. FUNERAL DIRECTOR <b>Roy F. Wiegman Higginsville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Mar. 12, 59</b>	26. REGISTRAR'S SIGNATURE <b>Lutie Gordon Jordan</b>

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

ALL diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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VS APP 27 1900

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 *Roy F. Wiegans* .....

Licensed Embalmer No. *2883* .....

P. O. Address *Hingham* .....

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.