

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012881
STATE FILE NUMBER

FILED MAY 6 1959 Registration District No. 110 Primary Registration District No. 4182 Registrar's No. 8

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 a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Haven		c. CITY OR TOWN New Haven	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last Marvin Charles Kleinheider		4. DATE OF DEATH Month Day Year April 29, 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 28, 1926
9. AGE (In years last birthday) 33		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Route Salesman	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Bread Route	
11. BIRTHPLACE (City and state or country) Washington Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Emil Kleinheider		13b. MOTHER'S MAIDEN NAME Margaret Buersmeyer	
14. NAME OF HUSBAND OR WIFE Charlene Kleinheider		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) Yes World War # 2	
16. SOCIAL SECURITY NO. 496-20-9098		17. INFORMANT Address Mrs. Marvin Kleinheider New Haven 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) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Giant cell sarcoma of lumbar vertebra DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 2 to 3 yrs.
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. Month, Day, Year 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 COUNTY STATE	
21. I attended the deceased from 6/11/56 , to 4/29/59 and last saw him ^{her} alive on 4/29/59 Death occurred at 11:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE B. P. Eisenmann (Degree or title) M.D.		22b. ADDRESS New Haven, Missouri	
22c. DATE SIGNED 5/4/59		23. NAME OF CEMETERY OR CREMATORY Assumption Catholic	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-4-1959	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) New Haven Mo.	
24. FUNERAL DIRECTOR L. C. Fertig & Son ADDRESS New Haven Mo.		25. DATE RECD. BY LOCAL REG. 5/5/1959	
26. REGISTRAR'S SIGNATURE Helen Murphy			

MAY 18 1959

STATE OF MISSISSIPPI

MAY 13 1959

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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 Earl C. White

Licensed Embalmer No. 3375

P. O. Address

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.