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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020626
State File No.

FILED JUN 16 1959

BIRTH NO. REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 207

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (In this place): 3 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): S.E. Mo. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Benefit
d. STREET ADDRESS (If rural, give location): 1000 6

3. NAME OF DECEASED (Type or Print): (First) ROSETTA (Middle) MAY (Last) KLUGHART

4. DATE OF DEATH (Month) (Day) (Year): MAY 30, 1959

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 4, 1881
9. AGE (In years last birthday): 77 — If under 1 year: Months / Days — If under 24 hrs.: 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:
11. BIRTHPLACE (City and State or Foreign Country): Egypt Mills, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: George Jackson
13b. MOTHER'S MAIDEN NAME: Mary Clubb
14. NAME OF HUSBAND OR WIFE: John Klughart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Louis Klughart — **ADDRESS**: Benefit, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1959, to May 30, 1959, that I last saw the deceased alive on May 30, 1959, and that death occurred at 11:59 m., from the causes and on the date stated above.

23a. SIGNATURE: [illegible] (Degree or title) MD
23b. ADDRESS: Cape Girardeau Mo.
23c. DATE SIGNED: 6-3-59

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-2-59
24c. NAME OF CEMETERY OR CREMATORY: Lightner Cemetery
24d. LOCATION (City, town, or county) (State): Delmo, Missouri

DATE REC'D BY LOCAL REG.: 6-10-59
REGISTRAR'S SIGNATURE: Irene Kasten
25. FUNERAL DIRECTOR'S SIGNATURE: Bingling Funeral Home — **ADDRESS**: Delmo, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 .....
Student Embalmer

Signed Oliver C. Smith

Licensed Embalmer No. 4470

P. O. Address Silver, New

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.