

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018342

FILED VS MAY 16 1960 38

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 279

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ill. b. COUNTY Cook									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in 1b 9 Days		c. CITY OR TOWN BERWIN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION UNIVERSITY of Mo. Medical Center			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3422 WISCONSIN AVE		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Willie Middle CHRIS Last KLEEMAN				4. DATE OF DEATH Month MAY Day 11 Year 60									
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 9-29-99		9. AGE (last birthday) 60		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OPERATOR DELIVERY MAN				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) LAWRENCE Co. Mo.		12. CITIZEN OF WHAT COUNTRY U.S.					
13a. FATHER'S NAME William F. Kleeman				13b. MOTHER'S MAIDEN NAME Emma Krueger				14. NAME OF HUSBAND OR WIFE Aquata Mac Kleeman					
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. 489-26-1473		17. INFORMANT UNIVERSITY OF MO. MEDICAL RECORDS Address							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral, Extensive Pneumonitis								INTERVAL BETWEEN ONSET AND DEATH app. 5d.					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) LYMPHOMA, HODGKINS		DUE TO (c) SARCOMA TYPE.				INTERVAL BETWEEN ONSET AND DEATH app. 18 mo.					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1. Myelophthisic Anemia 2. Chylothorax								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? 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 Month, Day, Year a.m. p.m.													
20d. INJURY OCCURRED WHILE AT WORK <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 Nov. 1959 to 11 May, 1960 and last saw ^{her} him alive on 11 May, 1960 Death occurred at 11:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Thomas W. Burns, M.D., U. of Missouri Med. Center						22b. ADDRESS 6600 S. 1st St., Mt. Vernon, Mo.				22c. DATE SIGNED 12 May 1960			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/14/1960		23c. NAME OF CEMETERY OR CREMATORY City Cemetery		23d. LOCATION (City, town, or county) Mt. Vernon, Missouri							
24. FUNERAL DIRECTOR Lyman Sprinkle Columbia, Mo.				25. DATE RECD. BY LOCAL REG. May 12 1960		26. REGISTRAR'S SIGNATURE Mrs R E Palmer							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 8 1960

0961 n & nnc

JAN 1 1962

JUN 29 1960

MAR 23 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Lynna Spurrille

Licensed Embalmer No. 4013

P. O. Address Columbia

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.