# MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS AUG 1 1960

-60-027920
STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. 4438 Registrar's No. 49

1. PLACE OF DEATH
a. COUNTY: Putnam
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Unionville
Length of stay in 1b: 1 Hour
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Monroe Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Putnam
c. CITY OR TOWN: York Township
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R.F.D. #1 Lucerne
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Emma Middle: Anne Last: Klinginsmith
4. DATE OF DEATH: Month July Day 26 Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/2/1905
9. AGE (last birthday): 55
IF UNDER 1 YEAR: Months 5 Days 24
IF UNDER 24 HR: 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: Own Home
11. BIRTHPLACE (City and state or country): Putnam County, Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Arthur Newell
13b. MOTHER'S MAIDEN NAME: Icie Dora Ranes
14. NAME OF HUSBAND OR WIFE: Jesse J. Klinginsmith
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.: 496-42-4889
17. INFORMANT: Jesse J. Klinginsmith Address: R.F.D.No.1 Lucerne, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic asthma
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 5-21-51 to 7-26-60 and last saw her alive on 7-26-60
Death occurred at 11:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: L. W. McDonald (Degree or title) DO
22b. ADDRESS: Unionville, Missouri
22c. DATE SIGNED: 7/29/60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/29/1960
23c. NAME OF CEMETERY OR CREMATORY: Lucerne Cemetery
23d. LOCATION (City, town, or county) (State): Lucerne, Missouri
24. FUNERAL DIRECTOR: Comstock Funeral Home ADDRESS: Unionville, Mo.
By John N. Comstock
25. DATE RECD. BY LOCAL REG.: 7-30-60
26. REGISTRAR'S SIGNATURE: Marvelle Durbin

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Greenville,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.