

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041556

FILED VS DEC 5 1960

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 261

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY FRANKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY FRANKLIN			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON			Length of stay in 1b	c. CITY OR TOWN R.R. LESLIE, MO.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSP.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.R. # 2		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HERMAN Middle A. Last KLING				4. DATE OF DEATH Month NOV. Day 28 Year 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH MAY 29, 1879	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months 5 Days 29	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MOTORMAN		10b. KIND OF BUSINESS OR INDUSTRY STREET CAR		11. BIRTHPLACE (City and state or country) WINONA, MINN.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME GUS KLING			13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE KATHERINE KLING		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 494-01-0384	17. INFORMANT KATHERINE ROHLFING R.R.#2				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Left Ventricular arrest</i>						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>myocardial degeneration</i>				5 yrs	
		DUE TO (c) <i>Arteriosclerosis</i>				10 yrs	
		DUE TO (c) <i>Arteriolosclerosis</i>				5 yrs	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 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 25 Nov 60 to 28 Nov 60 and last saw him alive on 28 Nov 60 Death occurred at 1:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Wm Richardson M.D.</i>				22b. ADDRESS Union, MO			22c. DATE SIGNED 29 Nov 60
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		23b. DATE DEC. 1, 1960	23c. NAME OF CEMETERY OR CREMATORY MISSOURI CREMATORY		23d. LOCATION (City, town, or county) (State) ST. LOUIS MO.		
24. FUNERAL DIRECTOR OLTMANN FUNERAL HOME UNION, MO.			25. DATE RECD. BY LOCAL REG. 11/29/60		26. REGISTRAR'S SIGNATURE <i>J.P. Huberman</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Ralph Olthmann

Licensed Embalmer No. 4808

P. O. Address Union, Mo

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