MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JAN 24 1961

AMENDED

Registration District No. 169 Primary Registration District No. _____ Registrar's No. 5

-61-001997
STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY: Knox
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 8 Mi Sw Knox City — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Knox
c. CITY OR TOWN: — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: MERLE Middle: WILLIAM Last: KLOCKE
4. DATE OF DEATH: Month: Jan Day: 16 Year: 1961
5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7 May 1905
9. AGE (last birthday): 55 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Knox City, Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Gideon Henry Klocke
13b. MOTHER'S MAIDEN NAME: Winifred Murphy
14. NAME OF HUSBAND OR WIFE: Estyle Rudd Klocke
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.:
17. INFORMANT: Mrs. Merle W. Klocke Address: Knox City, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Turned farm tractor over on self
DUE TO (b) pinning self underneath-crushing left side of chest & left jaw-death instantaneous
DUE TO (c)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH:
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.) While driving farm tractor on farm
20c. TIME OF INJURY: Hour 10 a.m. Month, Day, Year Jan16'61
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.): Farm
20f. CITY, TOWN, OR LOCATION: 8 mi SW of Knox City COUNTY: STATE: Mo
21. I attended the deceased from XXXXXXXXXXXXX to XXXXXXXXX and last saw her/him alive on XXXXXXXXXXXXX
Death occurred at 10 A m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: [signature] (Degree or title) Knox County Coroner
22b. ADDRESS: Edina, Mo
22c. DATE SIGNED:
23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 19 Jan'61
23c. NAME OF CEMETERY OR CREMATORY: Bee Ridge Cemetery
23d. LOCATION (City, town, or county) (State): Knox County, Mo
24. FUNERAL DIRECTOR: HUDSON-RIMER FUNERAL HOME ADDRESS: Edina, Mo
25. DATE RECD. BY LOCAL REG.: Jan-23-1961
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED
BY AFFIDAVIT OF DOCUMENT

JAN 25 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 me, or by Jim Rimm, Student Embalmer No. 610

working under my personal supervision.

Student James W Rimm
Signature of Student Embalmer

Signed A G Rimm

Licensed Embalmer No. 5041

P. O. Address Edina, Mo

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.