ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

7 30 AM.

-61-020658

STATE FILE NUMBER

AMENDED

FILED JUL 11 1961

Registration District No. 65 Primary Registration District No. 3011 Registrar's No. 63

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

1. PLACE OF DEATH
a. COUNTY Carroll County Memorial Hosp
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carrollton, Mo.
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Carroll County Memorial Hosp.
Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First Virgie Middle B Last Klee
4. DATE OF DEATH Month 7 Day 2 Year 61 9 30 A.M.
5. SEX F
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8/25/93
9. AGE (last birthday) 67
IF UNDER 1 YEAR Months 10 Days 7
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 —
11. BIRTHPLACE (City and state or country) Elkhart Ind.
12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME William Kintner
13b. MOTHER'S MAIDEN NAME Minnie Swann ~~Hogue~~ ~~Arnold~~
14. NAME OF HUSBAND OR WIFE Elmer E. Klee
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. No
17. INFORMANT Orland E. Klee Address

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) Cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis gen. & coronary ?
DUE TO (c) TBC - debility
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Terminal Bronchitis. Prostate carcinoma. Fracture femur
atherosclerosis.
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.) none
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 6-27-61, to 7-2-61 and last saw her/him alive on 7:30 AM 7/2/61
Death occurred at 7:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) M.D.
22b. ADDRESS Bradford Mo
22c. DATE SIGNED 7-2-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7/4/61
23c. NAME OF CEMETERY OR CREMATORY McCullough
23d. LOCATION (City, town, or county) (State) Triplett MO

24. FUNERAL DIRECTOR S.L. Eipard ADDRESS Mendon MO
25. DATE RECD. BY LOCAL REG. 7/4/61
26. REGISTRAR'S SIGNATURE Mrs Herbert Caesert

(Licensed Embalmer's Statement on Reverse Side)

JAN 9 1962

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_____
Signature of Student Embalmer

Signed Billie C. Gonder

Licensed Embalmer No. 4980

P. O. Address Mendon, 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.