

**MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-041376**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 585

FILED DEC 12 1961

DATE AMENDED

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MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jackson</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Independence</b> Length of stay in 1b			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> c. CITY OR TOWN <b>Independence</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>1216 South Main</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
<b>3. NAME OF DECEASED</b> (Type or print) First <b>August</b> Middle <b>Frederick</b> Last <b>Klein</b>			<b>4. DATE OF DEATH</b> Month <b>Dec</b> Day <b>4</b> Year <b>1961</b>		
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>Oct 6 1874</b>	<b>9. AGE</b> (last birthday) <b>87</b>	<b>IF UNDER 1 YEAR</b> Months Days Hours <b>IF UNDER 24 HR</b> Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>Morgan County Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U S A</b>
<b>13a. FATHER'S NAME</b> <b>Phillip Klein</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Louisa Modenlach</b>		<b>14. NAME OF HUSBAND OR WIFE</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT</b> Address <b>Mrs Edith Homan, 1216 South Main</b>	
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac rupture</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary thrombosis</b> DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH <b>3 mo</b>
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
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)			
<b>20c. TIME OF INJURY</b> Hour <b>5:15</b> a.m. p.m. Month, Day, Year <b>7/5/61</b>		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>	<b>COUNTY</b> <b>STATE</b>
<b>21. I attended the deceased from</b> <b>7/5/61</b> to <b>12/4/61</b> and last saw <sup>her</sup> him alive on <b>12/4/61</b> Death occurred at <b>5:15 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
<b>22a. SIGNATURE</b> (Degree or title) <b>Vance E. Link, MD</b>			<b>22b. ADDRESS</b> <b>1090 Winna Rd Independence, Mo</b>		<b>22c. DATE SIGNED</b> <b>12/5/61</b>
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>23b. DATE</b> <b>12-5-1961</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Syracuse, Cemetery</b>		<b>23d. LOCATION</b> (City, town, or county) (State) <b>Syracuse, Missouri</b>	
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>McLaughlin Funeral Home Sedelia, Mo</b>			<b>25. DATE RECD. BY LOCAL REG.</b> <b>12-5-61</b>	<b>26. REGISTRAR'S SIGNATURE</b> <b>Alba L. Craig</b>	

**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 Wayne Smith

Licensed Embalmer No. 5081

P. O. Address Andover, 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.