

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=61-043680**  
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1293

AMENDED **FILED DEC 22 1961**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>	Length of stay in 1b <b>23 yrs</b>	c. CITY OR TOWN <b>St. Joseph</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Methodist Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>5102 Arcadia St.</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>HENRY WILLIAM KLUTE</b>			4. DATE OF DEATH Month Day Year <b>December 14 1961</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5/4/1890</b>	9. AGE (last birthday) <b>71</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cattle Buyer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Stock Yards</b>	11. BIRTHPLACE (City and state or country) <b>Tarkio Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U S A</b>		
13a. FATHER'S NAME <b>Fred Klute</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie Klute</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Laura A. Klute</b>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
**No**

17. INFORMANT  
Address **5102 Arcadia St. St. Joseph, Mo.**  
**Mrs. Laura A. Klute**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Cerebral Embolism** INTERVAL BETWEEN ONSET AND DEATH **Sudden**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }  
DUE TO (b) **Mural Thrombus** **unknown**

DUE TO (c) **Myocardial Infarction** **12 days**

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 <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 a.m. p.m. Month, Day, Year	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 April 23, 1957 to 12/14/61 and last saw <sup>DECK</sup>him live on 12/14/61  
Death occurred at 7:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Sharon E. Waggoner M.D.</i>	22b. ADDRESS <b>301 Illinois Ave St. Joseph, Missouri</b>	22c. DATE SIGNED <b>12/18/61</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Rem &amp; Burial</b>	23b. DATE <b>12/18/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Johns Lutheran Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Atchison County Missouri</b>
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24. FUNERAL DIRECTOR <i>Hancey Funeral Home</i>	ADDRESS <b>St. Joseph, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Dec. 21, 1961</b>	26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Goodell</i>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
BY AFFIDAVIT OF  
S.E. Waggoner, M.D.  
ITEM NO. SHOULD READ

DEC 26 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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles E Bennett

Licensed Embalmer No. 4677

P. O. Address St Joseph 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.