

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0006099

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 607 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

MRF ILED02 64

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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SHOULD READ

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DOCUMENT

| | | | | | | | |
|--|--|---|--|--|--|---|--|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY <u>Henry</u> | | b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Windsor</u> | | Length of stay in 1b <u>14 Years</u> | | c. CITY OR TOWN <u>Windsor</u> | |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at home--203 S. Tebo</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>203 S. Tebo</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED | | | First Middle Last | | | 4. DATE OF DEATH | |
| <u>JAMES OLIVER KLINGLER</u> | | | | | | <u>February 22, 1964</u> | |
| 5. SEX | 6. COLOR OR RACE | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH | 9. AGE (last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HR | |
| <u>male</u> | <u>white</u> | | <u>1-20-1885</u> | <u>79</u> | Months | Days | Hours |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rt. Farmer</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>Benton co. Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> |
| 13a. FATHER'S NAME <u>David D. Klingler</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Lavina Davis</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Effie May Klingler</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | | 16. SOCIAL SECURITY NO. <u>?</u> | | 17. INFORMANT <u>Mrs. Freeman Harbit Windsor, Mo.</u> | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Central Hemorrhage</u> | | | | | | | <u>2-20-64</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> | | | | | | | |
| DUE TO (c) | | | | | | | |
| 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 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 <u>2-20-64</u> to <u>2-22-64</u> and last saw her alive on <u>2-22-64</u> Death occurred at <u>8:25 P. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>[Signature]</u> | | | | 22b. ADDRESS <u>Windsor - Mo.</u> | | 22c. DATE SIGNED <u>2-24-64</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>2-24-1964</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Windsor, Mo.</u> | | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Clifford Gouge Windsor, Mo.</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>Feb 25, 1964</u> | | 26. REGISTRAR'S SIGNATURE <u>Mildred Biguno</u> | |

USE BLACK INK OR TYPEWRITER RIBBON

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NO SEARCHING

MAR 3 1968

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 Clifford Louze

Licensed Embalmer No. 5014

P. O. Address Windsor, ma

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.