

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4706

FILED MAR 15 1949

State File No. ....

42  
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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5503 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) b. STATE <u>Missouri</u> c. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bethelham</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton Mo RR #33</u>	
c. LENGTH OF STAY (In this place) <u>all life</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			
3. NAME OF DECEASED a. (First) <u>Wm</u> b. (Middle) <u>W</u> c. (Last) <u>Klotz</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 5 1949</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 27 1865</u>	
9. AGE (In years) (Months) (Days) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
11. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Gottlieb Klotz</u>		13b. MOTHER'S MAIDEN NAME <u>Christine</u>	
14. NAME OF HUSBAND OR WIFE <u>Widower</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. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Harvey Klotz</u>		ADDRESS <u>Clinton Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>11/8/49</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>3317</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>1/24, 1949</u> , to <u>3/5, 1949</u> , that I last saw the deceased alive on <u>3-3, 1949</u> , and that death occurred at <u>10 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R J Powell</u> (Degree or title)		23b. ADDRESS <u>502 Clinton Mo</u>	
23c. DATE SIGNED <u>3/7/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 8/49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Bethelham</u>		24d. LOCATION (City, town, or county) (State) <u>New Clinton Mo</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Mar-8-49 Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J E Consalves</u> ADDRESS <u>Clinton Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 10 1950

RECEIVED

District Health Officer No. 7

District File Number 2-49-225

Date Filed 2-24-49

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 \_\_\_\_\_

Eugene R. Corsalun

Student Embalmer No. 281

working under my personal supervision.

Signed  Eugene R. Corsalun   
Student Embalmer

Signed

J E Corsalun   
Licensed Embalmer No. 1891

P. O. Address  Clinton 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 this body is not embalmed, fact should be so stated above.