

FILED SEP 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26690

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5503 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <b>HENRY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>HENRY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CLINTON RR# 6</b>		c. LENGTH OF STAY (in this place) <b>ALL LIFE</b>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CLINTON RR# 6 MO</b>		d. STREET ADDRESS (If rural, give location) <b>BETHLEHEM TWP 0420</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bethlehem Hosp.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>HARVEY</b> b. (Middle) <b>Donald</b> c. (Last) <b>KLOTZ</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>AUG 31 1950</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>MAY 4 1935</b>
9. AGE (in years last birthday) <b>15</b>		10. KIND OF BUSINESS OR INDUSTRY <b>SCHOOL</b>	11. BIRTHPLACE (State or foreign country) <b>Henry Co MO</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SCHOOL</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>HARVEY G KLOTS</b>		13b. MOTHER'S MAIDEN NAME <b>LEONA WAGNER</b>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Harvey G Klotz</b>		ADDRESS <b>Clinton MO</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>DROWNING</b>  ANTECEDENT CAUSES <b>None</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>042</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>ACCIDENT</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>SPARROW CREEK</b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>BETHLEHEM HENRY MO.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>AUG 31 1950 4:30 PM</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>ACCIDENTAL DROWNING.</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>4:30 pm.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Hugh B. Walker, MD - Coroner</b>		23b. ADDRESS <b>Clinton, MO</b>	
23c. DATE SIGNED <b>9 Sept. 1950</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>SEPT 2/50</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Bethlehem cem</b>		24d. LOCATION (City, town, or county) (State) <b>NEAR CLINTON MO</b>	
DATE REC'D BY LOCAL REG. <b>Sept 2 1950</b>		REGISTRAR'S SIGNATURE <b>Florence Adams</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>J.E. Consoles</b>		ADDRESS <b>Clinton MO</b>	

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

0420

RECEIVED 9-5-50  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed : 9-5-50

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**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 .....  
Student Embalmer

Signed

*Ernest R. Connelie*

Licensed Embalmer No. 4680

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.