.S. No. 300
ev. 10.48

FILED MAY 3 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12871

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 62

1. PLACE OF DEATH
a. COUNTY: Grundy
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Trenton
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wright Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Grundy
c. CITY OR TOWN: Mo.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Liberty Twp. 04 00

3. NAME OF DECEASED (Type or Print)
a. (First): PETER
b. (Middle): K
c. (Last): LEINENDORST

4. DATE OF DEATH (Month) (Day) (Year): 4 - 4 - 1957

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-6-1887
9. AGE (In years last birthday): 70 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (City and State or Foreign Country): Pella Ia.
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Cornelius Kleinendorst
13b. MOTHER'S MAIDEN NAME: Jane Steinbach
14. NAME OF HUSBAND/OR WIFE: Chelonis Kleinendorst

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.: 491-24-2024
17. INFORMANT'S SIGNATURE OR NAME: Mrs Chelonis Kleinendorst — **ADDRESS**: Galt Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

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
491 X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-2, 1957 *to* 4-4, 1957 *that I last saw the deceased alive on* 4-4, 1957 *and that death occurred at* 8:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Oliver F. Duffy M.D.
23b. ADDRESS: Trenton Mo
23c. DATE SIGNED: April 6 1957

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-7-57
24c. NAME OF CEMETERY OR CREMATORY: Montezuma
24d. LOCATION (City, town, or county) (State): Montezuma Iowa

DATE REC'D BY LOCAL REG.: 4-7-57
REGISTRAR'S SIGNATURE: Irene Zaw
25. FUNERAL DIRECTOR'S SIGNATURE: P K Payne & Son — **ADDRESS**: Galt Mo

(Licensed Embalmer's Statement on Reverse Side)

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

115
0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....P K Rayn Jr.....

Licensed Embalmer No..3402

P. O. Address.....Galt.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.