

FILED OCT 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34666

BIRTH NO. _____ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 4335 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY OR TOWN <u>Tipton</u>		c. CITY OR TOWN <u>Tipton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print)
a. (First) BLANCH b. (Middle) I. c. (Last) KLING

4. DATE OF DEATH (Month) (Day) (Year)
Oct. 9, 1954

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married 8. DATE OF BIRTH June 10, 1897

9. AGE (In years last birthday) 57 IF UNDER 1 YEAR: Months 0 Days 3 Hours 29 IF UNDER 10 HRS. Hours 0 Mins. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper-Cafe owner 10b. KIND OF BUSINESS OR INDUSTRY Retired 11. BIRTHPLACE (State or foreign country) Blackwater, Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME T. W. Kling 13b. MOTHER'S MAIDEN NAME Catherine Dick 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. 486-03-7227 17. INFORMANT'S SIGNATURE OR NAME Mrs. Louise Sieber, Jefferson City ADDRESS _____

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction.
ANTECEDENT CAUSES DUE TO (b) Metastatic Carcinoma
DUE TO (c) Carcinoma of Stomach, pancreas, colon.

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 NO 151X

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 WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Sept 27, 1952, to Oct 9th, 1954, that I last saw the deceased alive on Oct 9, 1954, and that death occurred at 10:38 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. D. Conn 23b. ADDRESS 203 Tipton, Mo 23c. DATE SIGNED 10-11-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Oct. 12, 1954 24c. NAME OF CEMETERY OR CREMATORY St. Andrews Cem. 24d. LOCATION (City, town, or county) (State) Tipton Missouri

DATE REC'D BY LOCAL REG. Oct. 14-1954 REGISTRAR'S SIGNATURE Mrs. Maude Hudson 25. GENERAL DIRECTOR'S SIGNATURE Richard D. Conn - Conn Funeral Home - Tipton Mo. ADDRESS _____

(Licensed Embalmer's Statement on Reverse Side)

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

0680

0680

No.

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.

Signed Richard D. Conn.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4703.....

P. O. Address Jayton, 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.