

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032069
STATE FILE NUMBER

FILED SEP 24 1958 Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 120

300-
-57

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NORTH KANSAS CITY	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CORN PRODUCTS Co	Length of stay in 1b 2 hrs	d. STREET ADDRESS 3642 SUMMIT	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Isom Middle A Last KLEPPER			4. DATE OF DEATH Month SEPT Day 11 Year 1958
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5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT 13, 1902	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months: Days: Hours: Min.	IF UNDER 24 HRS. Hours: Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REFINERY PUMPER	10b. KIND OF BUSINESS OR INDUSTRY CORN PRODUCTS	11. BIRTHPLACE (City and state or country) GOLDEN CITY, MO	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME PERRY T. KLEPPER	13b. MOTHER'S MAIDEN NAME LENA YOUNG	14. NAME OF HUSBAND OR WIFE LUE BERTA KLEPPER
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 490-10-2270	17. INFORMANT Address MRS LUE BERTA KLEPPER 3642 SUMMIT
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION - Coronary Occlusion, (Acute)		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____	4201	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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 checked="" 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 _____
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21. I attended the deceased from **None** to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE D.S. Pat. M.D. (Physician)	22b. ADDRESS North Kansas City, Mo.	22c. DATE SIGNED 9/11/58
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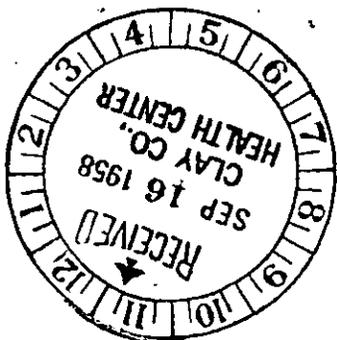
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 9-15-58	23c. NAME OF CEMETERY OR CREMATORY PENNSBORO cem	23d. LOCATION (City, town, or county) (State) PENNSBORO, MO.
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24. FUNERAL DIRECTOR D.W. Newcomer	ADDRESS W. K. C. Mo	25. DATE RECD. BY LOCAL REG. 9-13-58	26. REGISTRAR'S SIGNATURE Marquette Ludgens
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 8 1958



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 *Glenn A. Hill*

Licensed Embalmer No. 4586

P. O. Address K. C. 16, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.