

FILED OCT 5 1961

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-61-033240

State File No.

BIRTH NO. _____ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 26

7002

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY OR TOWN Grandview, Mo. (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (In this place) 6 mos		c. CITY OR TOWN Grandview 7002 d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 125th & State Line		e. STREET ADDRESS (If rural, give location) 125th & State Line	
3. NAME OF DECEASED (Type or Print) a. (First) Oliver b. (Middle) F c. (Last) Klapmeyer		4. DATE OF DEATH (Month) (Day) (Year) 9 25 61	
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/23/88
9. AGE (In years last birthday) 73 if UNDER 1 YEAR Months 2 if UNDER 1 HR. Hours 2 Min.		11. BIRTHPLACE (City and State or Foreign Country) Kenneth, Kansas	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stockman		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Klapmeyer		13b. MOTHER'S MAIDEN NAME Mary McKinney	
14. NAME OF HUSBAND OR WIFE Audrey Klapmeyer		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none	
16. INFORMANT'S SIGNATURE OR NAME Audrey Klapmeyer		ADDRESS Grandview, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 163X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input 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>4-18</u> , 19 <u>61</u> , to <u>9-25</u> , 19 <u>61</u> , that I last saw the deceased alive on <u>9-18</u> , 19 <u>61</u> , and that death occurred at <u>4:40 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE Ada B. Rader (Degree or title) o m d.		23b. ADDRESS 13414 Locust, Merten City, Mo.	
23c. DATE SIGNED 9-26-61			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-27-61	
24c. NAME OF CEMETERY OR CREMATORY Tuscon Cemetery		24d. LOCATION (City, town, or county) (State) Tuscon, Arizona	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 9-25-61		25. FUNERAL DIRECTOR'S SIGNATURE Dale Custer ADDRESS Grandview, Missouri	

OCT 25 1961
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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.....
Signature of Student Embalmer

Signed *Darling E. Branson*
.....

Licensed Embalmer No. *4911*
.....

P. O. Address *Grandview*
.....

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.