

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 191 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59
1 0269
2 0700
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9762.5
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DATE AMENDED
INSTEAD OF
SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST MARYS HOSPITAL Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY MONTGOMERY
c. CITY OR TOWN MON 760 MEET CITY Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last CHARLENE MARIE KLEBBIA
4. DATE OF DEATH Month Day Year May 10, 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH 5/10/62 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. 7

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ex. Nurse 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Jefferson City, Mo 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Kenneth Klebba 13b. MOTHER'S MAIDEN NAME Betty Fork 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT Kenneth Klebba Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary atelectasis (Bilateral) pneumonia
DUE TO (b) Prematurity (2nd 2lb 9oz)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5/10/62 to 5/10/62 and last saw her alive on 5/10/62
Death occurred at 8 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Francis W. Meyer, M.D., J.E.P. City, Mo. 22b. ADDRESS 22c. DATE SIGNED 5/10/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 5/11/62 23c. NAME OF CEMETERY OR CREMATORY St. Francis Xavier 23d. LOCATION (City, town, or county) (State) Prov., Mo.

24. FUNERAL DIRECTOR Address 25. DATE RECD. BY LOCAL REG. 14 May 1962 26. REGISTRAR'S SIGNATURE R.H. Harris, M.D., Director, Dep.

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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 Sylvester Delle

Licensed Embalmer No. 4321

P. O. Address Jefferson City, 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.