

In the MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-025960
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 372 Primary Registration District No. 3005 Registrar's No. 154

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 14 1962

VS 300
Rev. 4/59

6071

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler		c. CITY OR TOWN 311 S High	
Length of stay in lb 4 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bates Co Memorial Hos.		d. STREET ADDRESS (If outside, give location) Butler Missouri	
3. NAME OF DECEASED (Type or print) First John Middle Oliver Last Klepper		4. DATE OF DEATH Month Aug. Day 9th Year 1962	
5. SEX Male	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/22/1890
9. AGE (last birthday) 71		IF UNDER 1 YEAR Months 9 Days 17	IF UNDER 24 HR 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 retired farmer	11. BIRTHPLACE (City and state or country) Tenn.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Peter Klepper	
13b. MOTHER'S MAIDEN NAME Leah Shanks		14. NAME OF HUSBAND OR WIFE Mary Klenner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi) no		16. SOCIAL SECURITY NO. 3	
17. INFORMANT Mary Klepper, Butler Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis			INTERVAL BETWEEN ONSET AND DEATH 20 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) congestive heart failure			6 months
DUE TO (c) arteriosclerotic heart disease			8 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) lober pneumonia, July 24th, 1962			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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. 	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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	
21. I attended the deceased from August 17, 1959 to Aug. 9th '62 and last saw her Aug. 9th '62 Death occurred at 8PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) L. S. Luffner, M.D.		22b. ADDRESS Butler Missouri	
22c. DATE SIGNED 8/11/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/12/62	23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery	23d. LOCATION (City, town, or county) (State) Butler Missouri
24. FUNERAL DIRECTOR Culver Underwood, Butler Mo.		25. DATE RECD. BY LOCAL REG. 8-12-62	26. REGISTRAR'S SIGNATURE Norman Wilson

USE BLACK INK OR TYPEWRITER RIBBON

AUG 14 1962

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 John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.