MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-031639
STATE FILE NUMBER

Registration District No. 172 Primary Registration District No. 3034 Registrar's No. 66

FILED SEP 12 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 5540
2 0540
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4 0
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9 4201
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12 90-3
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: LAFAYETTE
c. CITY OR TOWN: Higginsville
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 2 Mi West
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Guy Middle: Leslie Last: Klapp
4. DATE OF DEATH: Month: Sept Day: 4 Year: 1962
5. SEX: White Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-16-1875
9. AGE (last birthday): 86
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Mayview Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William Klapp
13b. MOTHER'S MAIDEN NAME: Mary McElory
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.:
17. INFORMANT: Miss Pearl Klapp Address: Higginsville Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Natural causes probably Coronary — INTERVAL BETWEEN ONSET AND DEATH: deep unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Emphysema, no evidence of violence
DUE TO (c): Found dead in his yard by a neighbor
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Seen alive a few minutes before death
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.) No evidence of injury or violence
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 after death to April 22 and last saw her/him alive on never
Death occurred at p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: W. Martin M.D. (Degree or Title) Coroner
22b. ADDRESS: Odessa Mo
22c. DATE SIGNED: 9-4-62
23a. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify): Burial
23b. DATE: 9-6-1962
23c. NAME OF CEMETERY OR CREMATORY: City Cemetery
23d. LOCATION (City, town, or county) (State): Higginsville Mo
24. FUNERAL DIRECTOR: Wiegers-Riekhof ADDRESS: Higginsville Mo.
25. DATE RECD. BY LOCAL REG.: 9-6-1962
26. REGISTRAR'S SIGNATURE: Lutie Gordon Jordan

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Roy F Wiegers.
Signature of Student Embalmer

Licensed Embalmer No. 2883

P. O. Address Higginsville 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.