

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035171

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1177

FILED OCT 9 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF S. F. Meluney DEPUTY HEALTH CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

1 5117
2 6250
3
4 0
5 1
6
7 0
8 2
9 X
10
11 131
12 92-3
13 1-0

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph,</u>		Length of stay in 1b <u>26yrs</u>	c. CITY OR TOWN <u>Osborn</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O.A. St. Joseph Hosp</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>XX</u>
3. NAME OF DECEASED (Type or print) First <u>Paul</u> Middle <u>David</u> Last <u>Klepees</u>		4. DATE OF DEATH Month <u>Sept.</u> Day <u>27,</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 28, 1937</u>
9. AGE (last birthday) <u>26</u>		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) <u>Service Station Op</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Operator</u>	11. BIRTHPLACE (City and state or country) <u>King City Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Silas Klepees</u>	
13b. MOTHER'S MAIDEN NAME <u>Vena Springstaed</u>		14. NAME OF HUSBAND OR WIFE <u>Alma Louise Klepees</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Vena Klepees</u> Address <u>St. Joseph, Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Traumatic shock + hemorrhage above</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Crushed cervical vertebrae + left chest</u> DUE TO (c) <u>excess tone motor cycle handle</u>			INTERVAL BETWEEN ONSET AND DEATH <u>above</u> <u>above</u>
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <u>was auto going south passed car</u> <u>from south, over wrong lane, when</u> <u>opposite 4907 S 22 - St St Joseph Mo</u>	
20c. TIME OF INJURY Hour _____ p.m. <u>8</u> Month, Day, Year. <u>Sept 27 63</u>	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.) <u>St Joseph Buchanan, Mo</u>	20f. CITY, TOWN, OR LOCATION <u>St Joseph Buchanan, Mo</u>
21. I attended the deceased from <u>Unviewed body</u> to <u>9/27/63</u> and last saw him <u>alive</u> on <u>Sept 27 63</u> Death occurred at <u>8P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>S. F. Meluney M.D. Coronor</u>	
22b. ADDRESS <u>214 N. Buchanan Bldg. St Joseph 8, Mo</u>		22c. DATE SIGNED <u>Oct 2-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10/2/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Stewartsville, Cemetery Stewartsville, Mo</u>	23d. LOCATION (City, town, or county) (State) <u>Stewartsville, Mo</u>
24. FUNERAL DIRECTOR <u>John B. Rupp</u> ADDRESS <u>St. Joseph, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Oct. 4, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Goodell</u>	

