

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040847

STATE FILE NUMBER

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 146

FILED OCT 31 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10795

20795

3

4 0

5 1

6 -

7 0

8 2

94201

10.

11

12 1-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Perry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Perry</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Perryville</u>			Length of stay in 1b	c. CITY OR TOWN <u>Perryville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Perry County Memorial Hospital</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1203 W. St. Joseph</u>			
3. NAME OF DECEASED (Type or print) <u>George Klump</u>			First	Middle	Last	4. DATE OF DEATH <u>Oct. 24, 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>Jan. 6, 1884</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Service Station Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gasoline</u>	11. BIRTHPLACE (City and state or country) <u>Perry County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Ferdinand Klump</u>		13b. MOTHER'S MAIDEN NAME <u>Christena Doerr</u>		14. NAME OF HUSBAND OR WIFE <u>Louise Klump</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. <u>[REDACTED]</u>	17. INFORMANT <u>40-Mrs. Louise Klump, Perryville, 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>Coronary thrombosis</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</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 type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 _____ s.m. _____ p.m. _____	Month, Day, Year						
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 <u>12-9-57</u> to <u>10-24-63</u> and last saw <sup>her</sup> him alive on <u>10-5-63</u> Death occurred at <u>7:00 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>J. C. Fairchild, M.D.</u> (Degree or title)				22b. ADDRESS <u>Perryville, Mo.</u>		22c. DATE SIGNED <u>10-25-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>10-28-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery, Perryville, Mo.</u>		23d. LOCATION (City, town, or county) (State)			
24. FUNERAL DIRECTOR <u>Albert Bess, Perryville, Mo.</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>10-25-63</u>	26. REGISTRAR'S SIGNATURE <u>Joe J. Zellner</u>					

USE BLACK INK OR TYPEWRITER RIBBON

