

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25423

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No.

FILED SEP 13 1948

Registration District No. 7

Primary Registration District No. 5071

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Barton
 (b) City or town Rural, Nashville Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)
 In this community 5 years

3. (a) PRINT FULL NAME KEITH RAY KIBLER

3. (b) If veteran, name war XXX 3. (c) Social Security No. XXX

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased August 6 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 0 23 hr. min.

9. Birthplace Lamar, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business.....

12. Name Walter Kibler

13. Birthplace Lamar, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Hazel Dumm

15. Birthplace Barton County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Kibler

(b) Address Lamar, Missouri

17. (a) burial (b) Date thereof Sept 1 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Apostolic Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) AUG 31 1948 (b) Marie Konantz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Lamar RFD #1
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29
 year 1948 hour 3 minute 50 P. M.

21. I hereby certify that I attended the deceased from August 29, 1948 to August 29, 1948;
 that I last saw him alive on August 29, 1948;
 and that death occurred on the date and hour stated above.

Immediate cause of death Skull fracture
Punctured wound of brain
Contusion of brain

Duration

2 hrs.

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident
 (b) Date of occurrence August 29, 1948
 (c) Where did injury occur? home Lamar R.1 Barton Mo.
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
fell from silo ladder

While at work..... (Specify type of place)
 (c) Means of injury.....

23. Signature Ben T. Bichel (M. D. or other) M.D.

Address Lamar, Missouri Date signed 8/31/48

(Licensed Embalmers Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3
30
6671

RECEIVED

District Health Officer No. 6;

District File Number

948-1003

Date Filed

SEP 10 1948

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

....., Registered Apprentice No.

working under my personal supervision.

Signed

Frank W. Denton

Licensed Embalmer No. 4581

P. O. Address. Lamar, Missouri

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 this body is not embalmed, fact should be so stated above.