

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11915**

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

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 112			
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		026			
d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital				d. STREET ADDRESS (If rural, give location) 310 Jackson Street					
3. NAME OF DECEASED (Type or Print) MARGARET			a. (First)		b. (Middle)		c. (Last) KIELMAN N		
4. DATE OF DEATH April 9 1950		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Jan-2-1869		9. AGE (In years last birthday) 81			
5. SEX Female		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Housekeeper			
11. BIRTHPLACE (State or foreign country) Jefferson City, Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Adam Kielmann		13b. MOTHER'S MAIDEN NAME Elizabeth Wolf		14. NAME OF HUSBAND OR WIFE None					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME R. E. Holliday, Jefferson City, Mo					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chest injury - Fracture ribs				DUPLICATE (b) Hypertensive heart disease				April 7, 1950	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUPLICATE (c)				28234	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								# 32	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 010						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 63 Boone Co.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Columbia, Mo. Boone Mo.					
21d. TIME OF INJURY April 7 1950		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? DOR.					
22. I hereby certify that I attended the deceased from April 7, 1950 , to April 9, 1950 , that I last saw the deceased alive on April 8, 1950 , and that death occurred at 3 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE Edwin S. Dunnette M.D.				23b. ADDRESS Columbia, Mo		23c. DATE SIGNED April 9, 1950			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Apr-11-50		24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo			
DATE REC'D BY LOCAL REG. April 11 1950		REGISTRAR'S SIGNATURE Mrs R E Palmer		31		GENERAL DIRECTOR'S SIGNATURE Mark J. Gordon ADDRESS Jefferson City, Mo			

RECEIVED
District Health Officer No. 9
District File Number

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

working under my personal supervision.

Student Embalmer No.

Signed

L. M. M. Harg

Signed.....
Student Embalmer

Licensed Embalmer No. *4067*

P. O. Address *Columbia*

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.