

FILED JUL 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19681

State File No.

BIRTH NO. _____ REG. DIST. NO. 62 PRIMARY REG. DIST. NO. 5239 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>CEDAR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CEDAR</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL LINN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL LINN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10 MILES S.W. of STOCKTON</u>		d. STREET ADDRESS (If rural, give location) <u>10 MILES S.W. of STOCKTON</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>SOPHRONIA</u> b. (Middle) <u>JANE</u> c. (Last) <u>KIFER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 10 1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>Nov. 30, 1852</u>
9. AGE (In years last birthday) <u>97</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>10</u>	IF UNDER 12 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>GRUNDY COUNTY, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>CHAS. W. CHAPPELL</u>	
13b. MOTHER'S MAIDEN NAME <u>MATILKA SCHULER</u>		14. NAME OF HUSBAND OR WIFE <u>JOHNATHAN D. KIFER</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>NO</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Elsie Hornigan, Stockton, Mo</u>		ADDRESS <u>Stockton, Mo</u>	
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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 Days</u> ANTECEDENT CAUSES DUE TO (b) <u>Senility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		<u>331X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>6-4</u> , 19 <u>50</u> , to <u>6-10</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>6-10</u> , 19 <u>50</u> , and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Kerezo Group</u>	23c. DATE SIGNED <u>6-10-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>June 11 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Omer Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cedar County, Mo.</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>6-28-1950 Geneva Garrison</u>		FUNERAL DIRECTOR'S SIGNATURE <u>John A. Cantlon, Stockton, Mo.</u>	

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

RECEIVED
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 7-5-57

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 _____
Student Embalmer

Signed John A. Cantlow

Licensed Embalmer No. 4387

P. O. Address Stocketon, MD

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.