

FILED SEP 18 1950

STANDARD CERTIFICATE OF DEATH

State File No. 39477  
Registrar's No. 1027

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Holt</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Benton Twp. Rural</b>	
c. LENGTH OF STAY (In this place) <b>12 days</b>		d. STREET ADDRESS (If rural, give location) <b>Near Mound City</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>General Osteopathic Hosp.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Marus</b>	b. (Middle) <b>Elbridge</b>	c. (Last) <b>Keiffer</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 10 1950</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 21, 1874</b>	9. AGE (In years) (Month) (Day) <b>75</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>

13a. FATHER'S NAME <b>George R. Keiffer</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Beeler</b>	14. NAME OF HUSBAND OR WIFE <b>Estella Keiffer</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Derbin Fleming</b> ADDRESS <b>Mound City, Mo.</b>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL HEMORRHAGE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 checked="" type="checkbox"/>
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 SEPT 1, 1950 to SEPT 10, 1950, that I last saw the deceased alive on SEPT 10, 1950, and that death occurred at 8 A. m., from the causes and on the date stated above.

23a. SIGNATURE <b>Howard E. ... J. D.</b> (Degree or title)	23b. ADDRESS <b>... Mound City, Mo.</b>	23c. DATE SIGNED <b>SEPT. 12, 50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9/13/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mount Hope Cemetery</b>
		24d. LOCATION (City, town, or county) (State) <b>Mound City, Missouri</b>

DATE REC'D BY LOCAL REG. <b>Sept. 12, 1950</b>	REGISTRAR'S SIGNATURE <b>G. B. Jenkins</b>	382	25. FUNERAL DIRECTOR'S SIGNATURE <b>... Mound City, Mo.</b> ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

0117

MAR 8 1962

**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 James H. Crawford

Signed.....  
Student Embalmer

Licensed Embalmer No. 4796

P. O. Address Thousand City, Mo.

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.