. No. 300
. 10.48

0440
1

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

FILED JUN 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21400

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5531 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY: Holt
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Bigelow Twp.
c. LENGTH OF STAY (In this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 9 mi. S. W. Bigelow

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Holt
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hickory Twp.
d. STREET ADDRESS (If rural, give location): 3 Mi. West of Mound City

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) Henry c. (Last) Keiffer

4. DATE OF DEATH (Month) (Day) (Year): June 24, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Feb. 26, 1936

9. AGE (In years last birthday): 17 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: High School.

11. BIRTHPLACE (City and State or Foreign Country): Holt County, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George Keiffer

13b. MOTHER'S MAIDEN NAME: Martha Robinson

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): No — (If yes, give war or dates of service): ———

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: George Keiffer — ADDRESS: Mound 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) DROWNING — INTERVAL BETWEEN ONSET AND DEATH: INSTANT.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) NINE

DUE TO (c) NONE.

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 9291 22

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident.

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): FARM.

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 13 mi. W. of Mound City, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Swimming in Pond stepped in hole

22. *I hereby certify that I attended the deceased from* No., 19___, *to* No., 19___, *that I last saw the deceased alive on* No., 19___, *and that death occurred at* 8:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. H. E. Callsin, Coroner Holt Co.

23b. ADDRESS: Oregon, Mo.

23c. DATE SIGNED: 6-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/27/53

24c. NAME OF CEMETERY OR CREMATORY: Mount Hope Cemetery

24d. LOCATION (City, town, or county) (State): Mound City, Mo.

DATE REC'D BY LOCAL REG.: 6-26-53

REGISTRAR'S SIGNATURE: 469 James H. Crawford

25. FUNERAL DIRECTOR'S SIGNATURE: James H. Crawford — ADDRESS: Mound City, Mo.

(License Embalmer's Statement on Reverse Side)

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 James H Crawford

Licensed Embalmer No. 4796

P. O. Address Mound 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.