

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35614**  
Registrar's No. **944-A**

FILED OCT 19 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Greene</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b> c. CITY OR TOWN <b>Springfield</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b> |  | c. LENGTH OF STAY (in this place) _____  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Burge Hospital</b>                                   |  | e. STREET ADDRESS (If rural, give location) <b>1719 West Phelps Street</b>   |  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>ZORA</b> b. (Middle) <b>CATHERINE</b> c. (Last) <b>KIEF</b> |  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Oct. 6, 1953</b> |  |  |
| 5. SEX <b>Female</b>   |  | 6. COLOR OR RACE <b>White</b>                 |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>  |  |
| 8. DATE OF BIRTH <b>July 26, 1894</b>  |  | 9. AGE (In years last birthday) <b>59</b>     |  | 10. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>     |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>None</b> |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Dallas County, Missouri</b>  |  |
| 12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>  |  |   |  |  |  |

|                                       |  |  |  |  |  |
|---------------------------------------|--|--|--|--|--|
| 13a. FATHER'S NAME <b>Damon Young</b> |  | 13b. MOTHER'S MAIDEN NAME <b>Texas Cordelia Rhoden</b> |  | 14. NAME OF HUSBAND OR WIFE <b>Oleo Kief</b> |  |
|---------------------------------------|--|--|--|--|--|

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|--|--|--|--|---|--|
| 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>Unknown</b> |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. James Childers</b> ADDRESS <b>Springfield, Mo</b> |  |
|--|--|--|--|---|--|

|  |  |   |  |  |                                  |
|--|--|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*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> |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Rupture</b>  |  |  | INTERVAL BETWEEN ONSET AND DEATH |
|  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Coronary Thrombosis &amp; Cardiac Infarct.</b> |  |  |                                  |
|  |  | DUE TO (c) <b>Coronary Arteriosclerosis</b>   |  |  |                                  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>Hypertension &amp; Chronic Nephritis</b>    |  |  |                                  |

|                        |  |                                  |  |  |  |
|------------------------|--|----------------------------------|--|--|--|
| 19a. DATE OF OPERATION |  | 19b. MAJOR FINDINGS OF OPERATION |  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.) |  | 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 **Oct. 6<sup>th</sup>**, 19**53**, to **Oct. 6<sup>th</sup>**, 19**53**, that I last saw the deceased alive on **Oct. 6<sup>th</sup>**, 19**53**, and that death occurred at **9:30 p.m.**, from the causes and on the date stated above.

|   |  |   |  |                                   |  |
|---|--|---|--|-----------------------------------|--|
| 23a. SIGNATURE (Degree or title) <b>Caul O. Upshaw, M.D.</b> M.D. |  | 23b. ADDRESS <b>Springfield, Missouri</b> |  | 23c. DATE SIGNED <b>10/9/1953</b> |  |
|---|--|---|--|-----------------------------------|--|

|   |  |                            |  |  |  |  |  |
|---|--|----------------------------|--|--|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> |  | 24b. DATE <b>10/9/1953</b> |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn Cemetery</b> |  | 24d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b> |  |
|---|--|----------------------------|--|--|--|--|--|

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. <b>10-13-53</b> |  | REGISTRAR'S SIGNATURE <b>Edith Williamson</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>AYRE-GOODWIN FUN'L SERV. Spgfld, Mo.,</b> |  |
|--|--|---|--|---|--|

623 West Walnut  
SPRINGFIELD, MISSOURI  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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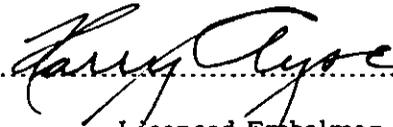
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STATEMENT BY LICENSED EMBALMER

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.....  
Signature of Student Embalmer

Signed.....



Licensed Embalmer No. 4.5.9.4

P. O. Address..Springfield,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.