0.300
0.48

FILED JUN 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17787

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 584

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

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital # 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 6207 Brown St. 0117o

3. NAME OF DECEASED (Type or Print)
a. (First): LAWRENCE
b. (Middle): LUTHER
c. (Last): KIGER

4. DATE OF DEATH (Month) (Day) (Year): June 10, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 13, 1905
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher
10b. KIND OF BUSINESS OR INDUSTRY: State Hospital #2
11. BIRTHPLACE (City and State or Foreign Country): Blair, Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Daniel Kiger
13b. MOTHER'S MAIDEN NAME: Frances Oddum
14. NAME OF HUSBAND OR WIFE: Eva May Kiger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 500-07-6738
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Eva May Kiger, 6207 Brown St., City

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) Multiple fractures of skull and bones of face. Loss of brain substance, and Hemorrhage

ANTECEDENT CAUSES
Morbid 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.
Man was killed by an insane patient at the State Hospital #2 butchers room.

INTERVAL BETWEEN ONSET AND DEATH: 1 day. E983 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): State Hospital #2
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Joseph Buchanan Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 10-1955 9:15 A m.
21e. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: Killed by an insane man

22. *I hereby certify that I ~~attend~~ viewed the deceased ~~from~~ on 6/10, 1955, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 9:15 A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H F Mundy (Coroner) M D.
23b. ADDRESS: St Joseph Mo
23c. DATE SIGNED: 6/10/55.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 13, 1955
24c. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph, Missouri

DATE REC'D BY LOCAL REG.: June 13, 1955
REGISTRAR'S SIGNATURE: Esther M. O'Allison 485
25. FUNERAL DIRECTOR'S SIGNATURE: [signature] ADDRESS: St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JAN 17 1956

AUG 18 1955

NOV 23 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Albin E. Bazan

Licensed Embalmer No. 479

P. O. Address St Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.