

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26264**
3561

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 32 yrs.	c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 1622 BELLVIEW		e. STREET ADDRESS (If rural, give location) 1622 BELLVIEW 32950	

3. NAME OF DECEASED (Type or Print) a. (First) FREDRICK b. (Middle) John c. (Last) KIEHL			4. DATE OF DEATH (Month) (Day) (Year) AUG. - 11 - 1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 1 - 1876	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Days -	IF UNDER 12 HRS. Hours -	Min. -
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN Sanitary Supplies		10b. KIND OF BUSINESS OR INDUSTRY Basol Co.	11. BIRTHPLACE (City and State or Foreign Country) BREMEN GERMANY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME FREDERICK J. KIEHL	13b. MOTHER'S MAIDEN NAME JOHANNA SHUTTE	14. NAME OF HUSBAND OR WIFE SIGNE OLIVE KIEHL	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. SIGNE OLIVE KIEHL ADDRESS K.E. Mo.	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure		DUE TO (b) arteriosclerotic heart disease		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)				420

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) _____	
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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? _____	
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22. I hereby certify that I attended the deceased from **Dec. -**, 19 **53**, to **Aug. 11**, 19 **55**, that I last saw the deceased alive on **Aug. 2**, 19 **55**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE M. P. Altlinger (Degree or title) M. H.		23b. ADDRESS St. Luke's Hosp.	23c. DATE SIGNED 8-11-1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 13 - 1955	24c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEM.	24d. LOCATION (City, town, or county) (State) KANSAS CITY, Mo.
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DATE REC'D BY LOCAL REG. 8-13-55	REGISTRAR'S SIGNATURE neva mindall	25. FUNERAL DIRECTOR'S SIGNATURE C.H. Blackman & Son ADDRESS _____	
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(Licensed Embalmer's Statement on Reverse Side)

K.E. Mo.

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

1191

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 *Best B. Benn*

Licensed Embalmer No. *46*

P. O. Address *K.C.*

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.