

FILED JAN 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43492**

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| BIRTH NO. _____ | | REG. DIST. NO. 3074 | | PRIMARY REG. DIST. NO. 6113 | | Registrar's No. 3 | |
| 1. PLACE OF DEATH a. COUNTY SCOTT | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY SCOTT | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) RURAL MORELAND | | c. LENGTH OF STAY (in this place) 50 YRS | | c. CITY OR TOWN ORAN | | d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. #1 ORAN, Mo. | | | | STREET ADDRESS (If rural, give location) 3 miles N.E. of ORAN | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) BENJAMIN b. (Middle) FRANKLIN c. (Last) KLIFFEL | | | 4. DATE OF DEATH (Month) (Day) (Year) 12-26-1955 | | | | |
| 5. SEX MALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | | 8. DATE OF BIRTH July 13, 1905 | |
| 9. AGE (In years last birthday) 50 | | IF UNDER 1 YEAR Months 5 Days 13 | | IF UNDER 24 HRS. Hours - Min. - | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY FARMING | | 11. BIRTHPLACE (City and State or Foreign Country) MORELAND TWP (SCOTT), Mo | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME FRANK KLIFFEL | | 13b. MOTHER'S MAIDEN NAME LOUISE POBST | | 14. NAME OF HUSBAND OR WIFE ELLA MARIE KLIFFEL | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. ELLA MARIE KLIFFEL - ORAN, 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) Coronary Thrombosis 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. 4201 | | | | INTERVAL BETWEEN ONSET AND DEATH 2 hrs. | |
| 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) m. | | 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 First call after death , 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:30 P. m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Dorlene C. Buckhorns, M.D., Health Officer II | | | | 23b. ADDRESS Benton Mo | | 23c. DATE SIGNED 12-29-55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) RURAL | | 24b. DATE 12-29-1955 | | 24c. NAME OF CEMETERY OR CREMATORY St. LAWRENCE CEMETERY | | 24d. LOCATION (City, town, or county) (State) NEW HAMBURG, Missouri | |
| DATE REC'D BY LOCAL REG. 1-6-56 | | REGISTRAR'S SIGNATURE Mrs. Ella Hunter | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bisplinghoff FUNERAL HOME - CHAFFEE, Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED JAN 9 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 156-8

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 Jack J. Burnett
Licensed Embalmer No. 44

P. O. Address Chaffee,

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.