FILED JUN 25 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21495

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 5953 Registrar's No. 85

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural--Buffalo
c. LENGTH OF STAY (In this place): in-transit
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway # 54

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wisconsin
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hartford 1100
d. STREET ADDRESS (If rural, give location): 423 South Rural St.

3. NAME OF DECEASED (Type or Print)
a. (First): ELMER
b. (Middle): JOHN
c. (Last): KIEFER

4. DATE OF DEATH (Month) (Day) (Year): JUNE 14, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 10, 1906
9. AGE (In years last birthday): 48 — If under 1 year: Months 4, Days 4 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Dodge Co., Wisconsin
12. CITIZEN OF WHAT COUNTRY?: U. S.
13a. FATHER'S NAME: John Kiefer
13b. MOTHER'S MAIDEN NAME: Elvine Schmidt
14. NAME OF HUSBAND OR WIFE: Secelia Kiefer
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.: 394-07-4937
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Elmer Kiefer, Hartford, Wisconsin

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) Trauma To Heart — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

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

DUE TO (b) Crushed Chest

DUE TO (c) Broken right thigh & fibia

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~: accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 54
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 4 mi West Louisiana, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 14 1956 6P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile accident

22. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on June 14, 1956, and that death occurred at 6P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): J. Murdd Coroner
23b. ADDRESS: Bowling Green Mo.
23c. DATE SIGNED: June 15-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6/15/56
24c. NAME OF CEMETERY OR CREMATORY: Hartford
24d. LOCATION (City, town, or county) (State): Hartford, Wisconsin

DATE REC'D BY LOCAL REG.: June 15, 1956
REGISTRAR'S SIGNATURE: Bernice Collier
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Sterne Funeral Home, Louisiana, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 27 1956

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 Virginia M. Stone

Licensed Embalmer No. 4645

P. O. Address Louisiana, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.