

FILED JUN 29 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22508

BIRTH NO. _____		REG. DIST. NO. <u>328</u>		PRIMARY REG. DIST. NO. <u>3073</u>		Registrar's No. <u>244</u>	
1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHAFFEE</u>		c. LENGTH OF STAY (in this place) <u>30 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHAFFEE</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>208 ELLIOTT AVE.</u>				d. STREET ADDRESS (If rural, give location) <u>208 ELLIOTT AVE.</u> <sup>100%</sup>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HELEN</u>			b. (Middle) <u>THERESA</u>		c. (Last) <u>KIELHAFNER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 21, 1956</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>AUGUST 1, 1868</u>		9. AGE (In years last birthday) <u>87</u>	10. MONTHS <u>10</u>	11. DAYS <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if unpaid) <u>HOUSEWIFE (RET)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>NEW HAMBURG, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>SAM DIEBOLD</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISA BUCHER</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN ANDREW KIELHAFNER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>EMMA KIELHAFNER - CHAFFEE, MO.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple Osteoarthritis, Chronic - 40 yrs.</u> DUE TO (c) <u>Senility</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic nephritis - Simple</u>					INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>  <u>3 yrs. (2)</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7230</u>				20. AUTOPSY? YES <input 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 <u>April 2, 1956</u> , to <u>June 20, 1956</u> , that I last saw the deceased alive on <u>June 20, 1956</u> , and that death occurred at <u>4:30pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. O. Finney, M.D.</u>				23b. ADDRESS <u>CHAFFEE MISSOURI</u>		23c. DATE SIGNED <u>June 22, 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 25, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Ambrose Catholic Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>CHAFFEE, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>6:23, 56</u>		REGISTRAR'S SIGNATURE <u>Mustel Beagly Lopez</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BISPLINGHOFF FUNERAL HOME CHAFFEE, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

450

Scott County Health Dept.  
Benton, Missouri

DATE RECEIVED

6-27-56

SCOTT CO. HEALTH DEPT.

CO. FILE No.

656-145

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

Jack J. Burnett

Licensed Embalmer No.

4473

P. O. Address

Chaffee, Mo.

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