

300  
 1-56  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.  
 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. All symptoms must be true.

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

39064  
 STATE FILE NUMBER

Oct 17 20 FILED NOV 29 1956  
 Registration District No. 290 Primary Registration District No. 5983 Registrar's No. 162

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cullen Twp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Waynesville, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>None.</b>		Length of stay in 1b <b>X</b>	d. STREET ADDRESS <b>None.</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Jerry Dale Kierl</b>			4. DATE OF DEATH Month <b>11</b> Day <b>23</b> Year <b>1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 10, 1936</b>	9. AGE (In years last birthday) <b>20</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None.</b>	11. BIRTHPLACE (City and state or country) <b>Thayer, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Paul A. Kierl</b>			14. MOTHER'S MAIDEN NAME <b>Helen Isabelle Marshall</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes Oct 12-53 - 12-20-54</b>		16. SOCIAL SECURITY NO. <b>488-34-8696</b>	17. INFORMANT Address <b>Helen Woodward Waynesville, Mo.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Fracture Cervical Vertebrae</b> <b>Crushed Chest - Mangled Rt Leg</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Auto Accident</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH <b>INSTANT</b>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Automobile accident.</b>			
20c. TIME OF INJURY Hour <b>11-23-56</b> Month <b>11</b> Day <b>23</b> Year <b>1956</b> a. m. <b>12:45 Pm</b>					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>on old hwy 66 1/2 mi east of Waynesville, Pulaski Mo</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased <b>ON</b> <b>Nov. 23 1956</b> to _____ and he <del>XXXXXXXXXX</del> Death occurred at <b>12:45 PM</b> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>County Coroner.</b>			22b. ADDRESS <b>Richland, Missouri</b>		22c. DATE SIGNED <b>11/24/56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11/25/56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Waynesville Memorial</b>		23d. LOCATION (City, town, or county) (State) <b>Waynesville, Missouri</b>
24. FUNERAL DIRECTOR <b>[Signature]</b> <b>Hedges Funeral Home Way, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>11-24-56</b>		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

RECEIVED 11-24-56  
Pulaski County Health Officer  
167  
File Number 11-24-56  
Date Filed 11-24-56

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 *Clarence Gross*.....

Licensed Embalmer No. 487

P. O. Address *Waymarville*

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