

FILED NOV 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6115

State File No.

40303

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | Registrar's No. <u>179</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>SCOTT</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Highway 61 6 1/2 N. Sikeston</u> | | c. LENGTH OF STAY (in this place) <u>1 1/2</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Robertson, M.</u> | | d. STREET ADDRESS (If rural, give location) <u>Aero Hotel</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Richland Hosp</u> | | | | 3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>George</u> c. (Last) <u>Kiefer</u> | | | |
| 4. DATE OF DEATH <u>Nov. 11 1956</u> | | 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | |
| 8. DATE OF BIRTH <u>Sept. 23 1931</u> | | 9. AGE (In years last birthday) <u>25</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sheet metal riveter</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Aircraft</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | 13a. FATHER'S NAME <u>Adam H. Kiefer</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Bertha T. Voglar</u> | | 14. NAME OF HUSBAND OR WIFE <u>—</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> | | 16. SOCIAL SECURITY NO. <u>493-32-7068</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Bertha T. Kiefer</u> | | 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Basal Skull Fracture - Fractured Mandible</u> | | 19. DATE OF OPERATION <u>26</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident Highway 61</u> | | 21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) <u>Richland Twp. 100</u> | |
| 21c. (CITY, TOWN, OR TOWNSHIP) <u>Scott</u> | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11 - 11 - 56 - 2:15 P.</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Head on collision 2 cars</u> | |
| 21g. (COUNTY) <u>Scott</u> | | 21h. (STATE) <u>Mo</u> | | 22. I hereby certify that I attended the deceased from <u>19</u> , to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>2:15 A. M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Delma C. Buckthorpe, M.D. Health Officer</u> | | 23b. ADDRESS <u>Benton, Mo</u> | | 23c. DATE SIGNED <u>11-16-56</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 24b. DATE <u>Nov. 14 1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>New Guardian Angels</u> | | 24d. LOCATION (City, town, or county) (State) <u>Oran Mo.</u> | | DATE REC'D BY LOCAL REG. <u>11-19-56</u> | |
| REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u> | | 5. FUNERAL DIRECTOR'S SIGNATURE <u>Carl J. Smith</u> | | ADDRESS <u>Oran, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

8.300
8.46

DATE RECEIVED NOV 19 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1156-246

NOV 29 1956
NOV 26 1956
NOV 23 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 _____

working under my personal supervision.

Student Embalmer No.

Signed Earl J. Smith

Signed.....
Student Embalmer

Licensed Embalmer No. 2676

P. O. Address Osage, 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.