

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11730

State File No. ....

FILED APR 1 - 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>		c. CITY OR TOWN <u>Marshall</u>	<input checked="" type="checkbox"/> Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No
c. LENGTH OF STAY (in this place) <u>4 weeks</u>		e. STREET ADDRESS (If rural, give location) <u>161 South Lafayette</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Saline Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u> b. (Middle) <u>Leland</u> c. (Last) <u>Kieffer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 29, 1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 11, 1886</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Proprietor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cigar Store</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Miami, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>John Kieffer</u>	13b. MOTHER'S MAIDEN NAME <u>Annie Burnside</u>	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>500-03-0961</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Catherine Stoner Marshall, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u>		DUPLICATE OF (b) <u>Bacterial infection from teeth</u>		<u>3 yrs</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c)		
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Jan 1, 1957, to Mar 29, 1957, that I last saw the deceased alive on 3-28, 1957, and that death occurred at 5:30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>C. F. Warren D.O.</u>	23b. ADDRESS <u>Marshall Mo.</u>	23c. DATE SIGNED <u>3/29/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-31-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Miami Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Miami, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-29-57</u>	REGISTRAR'S SIGNATURE <u>Cecil G. Reed</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Campbell-Lewis</u>	ADDRESS <u>Marshall, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

5-29

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 *James H. Lewis Jr.* .....

Licensed Embalmer No. *4709* .....

P. O. Address *Marshall, W. Va.*

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.