

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 017704

State File No.

FILED JUN 7 1957

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) Rock Twp		c. CITY OR TOWN NEAR EUREKA	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Found in Mississippi R.		e. STREET ADDRESS (If rural, give location) R.R. EUREKA <i>0500</i>	

3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL b. (Middle) ADKINS c. (Last) KIRCHHOFF			4. DATE OF DEATH (Month) (Day) (Year) May 25 1957			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 9 1924	9. AGE (In years last birthday) 32	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER	10b. KIND OF BUSINESS OR INDUSTRY GENERAL CONST	11. BIRTHPLACE (City and State or Foreign Country) Overland Mo	12. CITIZEN OF WHAT COUNTRY? USA.
---	---	--	---

13a. FATHER'S NAME Albert Kirchhoff	13b. MOTHER'S MAIDEN NAME Esther Adkins	14. NAME OF HUSBAND OR WIFE EILEEN STEINER
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	16. SOCIAL SECURITY NO. (If yes, give war or date of service) WW II 492-20-4422	17. INFORMANT'S SIGNATURE OR NAME Eileen Steiner	ADDRESS Eureka Mo
---	---	--	-----------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Drowning		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (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? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT (Specify) SUICIDE HOMICIDE Accident River	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) River	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Meramec Jeff. Mo.
---	--	---

21d. TIME OF INJURY 5 25 57 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 050
--	---	--

22. I hereby certify that I attended the deceased from **August**, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at **1:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>James E. Steiner</i>	(Degree or title) Crown Justice Mo	23b. ADDRESS Highland City Mo	23c. DATE SIGNED 5/29/57
---	---	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5/29/57	24c. NAME OF CEMETERY OR CREMATORY Highland City Cem	24d. LOCATION (City, town, or county) (State) Highland Jefferson
---	-----------------------------	--	--

DATE REC'D BY LOCAL REG. 5/29/57	REGISTRAR'S SIGNATURE <i>Robert E. Dauer</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Heiligtag</i>	ADDRESS Imperial Mo.
--	---	--	--------------------------------

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

3

544

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUN 4 1957

JUN 10 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was embalmed~~ ^{Not Emb}

by me, or by _____, Student Embalmer No. _____

working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Arthur W. Healy

Licensed Embalmer No. 3872

P. O. Address Imperial 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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