FILED SEP 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30581
STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. 6139 Registrar's No. 62

1. PLACE OF DEATH
a. COUNTY SHELBY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BLACK CREEK TOWNSHIP — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 5 MILES NORTH OF LEMMER MO — Length of stay in Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY SHELBY
c. CITY OR TOWN SHELBYVILLE — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) RURAL ROUTE — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First JANIS Middle KAY Last STIEFEL
4. DATE OF DEATH Month AUG Day 15 Year 1957
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH DEC 13, 1955
9. AGE (In years last birthday) 26 — IF UNDER 1 YEAR: Months MONTHS Days 2 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (City and state or country) ADAIR COUNTY MO
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME OLEN STIEFEL
14. MOTHER'S MAIDEN NAME IRMA NEUSCHAER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT OLEN STIEFEL Address SHELBYVILLE MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Skull fracture and punctures three locations.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Automobile accident.
DUE TO (c) The accidental collision of two automobiles

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Jury Verdict Automobile accident cause of collision undetermined.

19. WAS AUTOPSY PERFORMED? Yes ☐ No ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Accidental collision of two automobiles.
20c. TIME OF INJURY Hour 8:00 a.m. p.m. Month, Day, Year 8/15/57
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street
20f. CITY, TOWN, OR LOCATION — COUNTY Shelby — STATE Missouri

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) Coroner
22b. ADDRESS Bethel, Missouri
22c. DATE SIGNED 8/23/57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 8-19-57
23c. NAME OF CEMETERY OR CREMATORY MT HOPE CEMETERY
23d. LOCATION (City, town, or county) SHELBY COUNTY (State) MO

24. FUNERAL DIRECTOR THOMPSON-GREENING ADDRESS SHELBYVILLE
25. DATE RECD. BY LOCAL REG. AUG 24-57
26. REGISTRAR'S SIGNATURE Ada Garrison

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by ....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Charles W. Greening

Licensed Embalmer No. 46

P. O. Address Clayton

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.