

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32543

STATE FILE NUMBER

FILED OCT 1 1957

Registration District No. 178 Primary Registration District No. 5666 Registrar's No. 79

300
1-57

1. PLACE OF DEATH a. COUNTY hewis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY hewis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Union Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Union Twp
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 mi. so. hewis		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 5 mi. so. hewis

3. NAME OF DECEASED (Type or print) First EVA Middle - Last KAFLER			4. DATE OF DEATH Month Sept. Day 22 Year 1957		
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5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 17, 1871	9. AGE (In years last birthday) 86	10. UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) hewis County	12. CITIZEN OF WHAT COUNTRY? U.S.B
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13a. FATHER'S NAME Edmund Robinson	13b. MOTHER'S MAIDEN NAME Sarah Jane Hendrix	14. NAME OF HUSBAND OR WIFE Leno Kaffer
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, if unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Marion Harrison Kaffer, Mo	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic heart disease	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input 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.)
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20c. TIME OF INJURY Hour 3:00 Month, Day, Year Sept. 24, 1957 a.m. A p.m.
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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.)	20f. CITY, TOWN, OR LOCATION hewis County	COUNTY	STATE
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21. I attended the deceased from **11-3-55**, to **9-22-57** and last saw her alive on **9-21-57**
Death occurred at **3:00 A** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John Sikstra M.D. (Degree or title)	22b. ADDRESS Canon, Mo	22c. DATE SIGNED 9-24-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 24, 1957	23c. NAME OF CEMETERY OR CREMATORY Dover Cemetery	23d. LOCATION (City, town, or county) (State) hewis County Mo.
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24. FUNERAL DIRECTOR J. Kenneth Bailey	ADDRESS hewis Mo	25. DATE RECD. BY LOCAL REG. 9-25-57	26. REGISTRAR'S SIGNATURE P. W. Jennings, M.D.
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *J. Kenneth Bailey*

Licensed Embalmer No. *4248*

P. O. Address *La Grange, 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.