

Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013320
STATE FILE NUMBER

FILED APR 21 1958

Registration District No. **42** Primary Registration District No. **1000** Registrar's No. **395**

300
1-57

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Missouri Buchanan 0117	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2024 Dewey Ave.		Length of stay in 1b 50 yrs.	d. STREET ADDRESS (If outside, give location) 2024 Dewey Ave.

3. NAME OF DECEASED (Type or print) First MARY Middle Last KIEFFER			4. DATE OF DEATH Month April Day 10 Year 1958		
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 Sept. 15, 1881		
9. AGE (In years next birthday) 76		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) At Home		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Galveston County, Texas	
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME George Stevens		13b. MOTHER'S MAIDEN NAME Not known	
14. NAME OF HUSBAND OR WIFE George Kiefer (Deceased)		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Marie Teegarden		Address San Diego, Calif.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCT		INTERVAL BETWEEN ONSET AND DEATH 2 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____ DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION St. Joseph	COUNTY Missouri	STATE
21. I attended the deceased from July 1956 to April 10 1958 and last saw her alive on APR. 6-1958 Death occurred at Not known on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE John T. Rogers (Degree or title) M.D.		22b. ADDRESS 207 S. Industrial Bldg. St. Joseph, Mo.		22c. DATE SIGNED 4/11/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-14-58	23c. NAME OF CEMETERY OR CREMATOR Mt. Olivet Cemetery	23d. LOCATION (City, town, or county) St. Joseph	(State) Missouri
24. FUNERAL DIRECTOR Stamey Funeral Home		ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. April 14, 1958	26. REGISTRAR'S SIGNATURE Wm. Clark Standell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 22 1958

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 *Charles E. Bennett*

Licensed Embalmer No. *4677*

P. O. Address *St. Joseph, 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.