

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017993

STATE FILE NUMBER

FILED JUN 10 1958 Registration District No. 145 Primary Registration District No. 5566 Registrar's No. 138

300

1-57

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1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Wayne	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bellview		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Piedmont 11160
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 1/2 Mile West of 2138 Instant		Length of stay in 1b Instant	d. STREET ADDRESS (If outside, give location) 209 N Main
3. NAME OF DECEASED (Type or print) First Middle Last James Adolph Med Kiff			4. DATE OF DEATH Month Day Year June 3 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH May 3 1924
9. AGE (In years last birthday) 34		IF UNDER 1 YEAR Months 1 Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Perryville, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME J.S. Med Kiff	
13b. MOTHER'S MAIDEN NAME Arzonio Shoemaker		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) War 2		16. SOCIAL SECURITY NO. 486-20-5119	17. INFORMANT Address Mrs. Wanda Bailey Piedmont, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured Skull			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chest Injury Internal Injuries			
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"/> 2
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) While riding in car Driver lost control	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. struck Highway bridge on #32 Highway			
20d. INJURY OCCURRED WHILE AT WORK <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.) Highway	20f. CITY, TOWN, OR LOCATION COUNTY STATE 5 miles west Bellevue Iron, Mo.
21. I attended the deceased from Instant Death to _____ and last saw her alive on _____ Death occurred at 2.30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C.H. Howell Coroner 3		22b. ADDRESS 226 N Main Ironton, Mo.	22c. DATE SIGNED 6/3/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-5-58	23c. NAME OF CEMETERY OR CREMATORY Jewett	23d. LOCATION (City, town, or county) (State) Jewett Mo.
24. FUNERAL DIRECTOR ADDRESS William Godwin Piedmont Mo.		25. DATE RECD. BY LOCAL REG. 6-5-58	26. REGISTRAR'S SIGNATURE Mrs Elizabeth Logan

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUN 20 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 Coder Funeral Home, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723
P. O. Address Piedmont

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.