

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020851  
STATE FILE NUMBER

FILED JUN 20 1958 Registration District No. 27 Primary Registration District No. 5096 Registrar's No. 85

300  
1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <i>Bates</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Bates</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Mt. Pleasant</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Pappinville 0070</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Pine Tree Rest Home 2MO.</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)
3. NAME OF DECEASED (Type or print) First <i>Ben</i> Middle <i>Kienberger</i> Last <i>Kienberger</i>			4. DATE OF DEATH Month <i>June</i> Day <i>11</i> Year <i>1958</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct. 27, 1882</i>
9. AGE (In years last birthday) <i>75</i>		IF UNDER 1 YEAR Months Days Hours Min.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	11. BIRTHPLACE (City and state or country) <i>Pappinville, Mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Xavier Kienberger</i>	13b. MOTHER'S MAIDEN NAME <i>Wilhelma Korger</i>
14. NAME OF HUSBAND OR WIFE <i>Singh</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>—</i>
17. INFORMANT <i>Jus Kienberger</i>		Address <i>Butler, Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial infarction</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 hrs 4 hrs</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>hypertension</i>			
DUE TO (c) <i>443X</i>			
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	COUNTY STATE
21. I attended the deceased from Death occurred at <i>4 P.M. 1954</i> to <i>June 11 1958</i> and last saw him alive on <i>June 10 1958</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Donald J. Adams M.D. Pappinville Mo</i>		22b. ADDRESS <i>Pappinville Mo</i>	22c. DATE SIGNED <i>June 1958</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>6-13-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Pappinville Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>Bates Co. Mo.</i>
24. FUNERAL DIRECTOR <i>Butler-Underwood</i>	ADDRESS <i>Butler, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>June 14-58</i>	26. REGISTRAR'S SIGNATURE <i>Hendell K...</i>

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 *John G. Underwood*

Licensed Embalmer No. *3585*

P. O. Address *Butler, N.J.*

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.