

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021183

STATE FILE NUMBER

FILED JUN 16 1958

Registration District No.

53

Primary Registration District No.

3007

Registrar's No.

347

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Cape Girardeau</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Jackson Mo</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Jackson 01610</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Mitchael Anna St.</i> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <i>Mitchael Anna</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>WALTER Friedrich Kieninger</i>			4. DATE OF DEATH Month Day Year <i>June 6 1958</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct 10 1889</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Barber</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Pocahontas Mo</i>
13a. FATHER'S NAME <i>Berman Kieninger</i>		13b. MOTHER'S MAIDEN NAME <i>Emma Wachter</i>	14. NAME OF HUSBAND OR WIFE <i>Emma Kieninger</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Year if unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>486-38-0254</i>	17. INFORMANT Address <i>Mrs Walter Kieninger Jackson</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>Retroperitoneal sarcoma</i>			INTERVIEW BETWEEN ONSET AND DEATH <i>6 mo. 20</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			158X
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 WORK <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 <i>Oct 16, 1957</i> to <i>June 6, 1958</i> and last saw him alive on <i>June 6, 1958</i> Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>J. N. Jarger MD</i>		22b. ADDRESS <i>Jackson, Mo.</i>	22c. DATE SIGNED <i>June 7, 1958</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>June 8 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Russell Heights</i>	23d. LOCATION (City, town, or county) (State) <i>Jackson Mo</i>
24. FUNERAL DIRECTOR ADDRESS <i>McCombs Funeral Home</i>		25. DATE RECD. BY LOCAL REC. <i>June 12, 1958</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. Homer C. Cooper</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *B. A. Meyer* .....

Licensed Embalmer No. *305-1* .....

P. O. Address *Jackson* .....

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.