

STANDARD CERTIFICATE OF DEATH

58-038584
STATE FILE NUMBER

FILED OCT 27 1958

Registration District No. 337 Primary Registration District No. 4496 Registrar's No. 79

300
-57

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Shelby Black Creek Twp | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shelby | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shelbyville Mo | | c. CITY OR TOWN Shelbyville | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION | | Length of stay in lb 4 yrs | |
| | | 102 nd STREET ADDRESS 0 | |
| | | (If outside, give location) | |
| | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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|---|----------------------------------|---|--|---|---|---|
| 3. NAME OF DECEASED (Type or print) First Middle Last Dallas J Stiefel | | | 4. DATE OF DEATH Month Day Year Oct 12th 1958 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH May 9th 1933 | 9. AGE (In years last birthday) 25 | 10. UNDER 1 YEAR Months Days 5 3 | 11. IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | | 11. BIRTHPLACE (City and state or country) Shelby Co Mo | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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|--|--|--|--|--|--|
| 13a. FATHER'S NAME M.C. Stiefel | | 13b. MOTHER'S MAIDEN NAME Lena Brenz | | 14. NAME OF HUSBAND OR WIFE Helen Stiefel | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service) Yes | | 16. SOCIAL SECURITY NO. 498-34-9112 | | 17. INFORMANT Address Mrs Helen Stiefel Shelbyville Mo | |

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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) Bleeding | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Severed lower Aorta DUE TO (c) I2 Gage Shotgun wound in abdomen | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Inquest deemed unnecessary | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) As of above | |
| 20c. TIME OF INJURY Hour Month, Day, Year 4:45 a.m. 10-12-58 | | | |

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|---|--|---|--|---|--|
| 20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) About home | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE Shelbyville Shelby Missouri | |
|---|--|---|--|---|--|

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

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|---|--|------------------------------------|--|-------------------------------------|--|
| 22a. SIGNATURE (Degree or title) Edna M. Garrison | | 22b. ADDRESS 3 Bethel Mo | | 22c. DATE SIGNED 10/15/58 | |
|---|--|------------------------------------|--|-------------------------------------|--|

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|---|--|------------------------------|---|--|--|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 10/15/58 | | 23c. NAME OF CEMETERY OR CREMATORY St Marys Cemetery | | 23d. LOCATION (City, town, or county) (State) Shelbina Mo | |
| 24. FUNERAL DIRECTOR ADDRESS Barkeley & Davis Shelbina Mo | | | 25. DATE RECD. BY LOCAL REG. Oct. 18-1958 | | 26. REGISTRAR'S SIGNATURE Add Garrison | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

OCT 28 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 *Levir A. Barkley*

Licensed Embalmer No. *3835*
P. O. Address *Shelburne - Vt*

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.