

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038749
STATE FILE NUMBER

FILED DEC 9 1958

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 378

300
-57

1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SHELBY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KIRKSVILLE, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>SHELBYVILLE, Mo.</u> 1620 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LAUGHLIN HOSP</u>		Length of stay in 1b <u>10 DAYS</u>	d. STREET ADDRESS (If outside, give location) <u>SHELBYVILLE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>MYER C STIEFEL</u>			4. DATE OF DEATH Month Day Year <u>NOV 28 1958</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT 21, 1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER-RETIRED</u>	9. AGE (In years last birthday) <u>73</u> F UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) <u>KNOX COUNTY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>E. MANUEL STIEFEL</u>		13b. MOTHER'S MAIDEN NAME <u>HATTIE MIHNER</u>	14. NAME OF HUSBAND OR WIFE <u>LENA BRENTZ</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>498-40-1536</u>	17. INFORMANT Address <u>VIRGIL STIEFEL - SHELBYVILLE</u>
18. CAUSE OF DEATH (Enter only one cause per life for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis with Posterior Myocardial Infarct</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 MIN.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Pericardial Adhesions</u>			?
DUE TO (c) <u>Myocardial Failure Congestive</u>			<u>10 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic Cholecystitis and Cholelithiasis</u>			19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input 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.)	
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 <u>November 19, 1958</u> to <u>November 28, 1958</u> and last saw him alive on <u>November 28, 1958</u> Death occurred at <u>6.22</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Betty A. Slaughter DO</u>		22b. ADDRESS <u>711 West Jefferson Kirksville Mo</u>	22c. DATE SIGNED <u>12-2-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>NOV 30, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Shelbyville Memorial, Shelbyville</u>	23d. LOCATION (City, town, or county) (State) <u>Shelbyville MO</u>
24. FUNERAL DIRECTOR <u>GREENING - SHELBYVILLE, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-4-1958</u>	26. REGISTRAR'S SIGNATURE <u>Doris W. Ratliff</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 V. Green*

Licensed Embalmer No. *4625*

P. O. Address *Charlotte*

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.

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