

STANDARD CERTIFICATE OF DEATH

58-044205

STATE FILE NUMBER

5876

FILED JAN 5 1958

Registration District No. 148

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Parkville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hosp.		Length of stay in lb 35 Hours	
3. NAME OF DECEASED (Type or print) First Bruni Middle Keiffer Last Keiffer		4. DATE OF DEATH Month Dec. Day 9 Year 1958	
5. SEX female	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 July 2, 1926
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Artist		10b. KIND OF BUSINESS OR INDUSTRY Green Jewelers	9. AGE (In years) 32 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) Frankfurt, Germany		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Richard Emmerich		13b. MOTHER'S MAIDEN NAME Josephine Paulus	
14. NAME OF HUSBAND OR WIFE Max Keiffer		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 488-36-0787		17. INFORMANT Max Keiffer R.R.#6 Box 3506 Parkville, 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) Cardiac Failure			INTERVAL BETWEEN ONSET AND DEATH 15 min.
DUE TO (b) Pulmonary Edema.			1 hour
DUE TO (c) Multiple Myocardial Infarction with Ischemia			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Congenital Hypoplasia Anterior Circumflex Coronary Artery			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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		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	
21. I attended the deceased from 9 Dec. 1958 to 9 Dec. 1958 and last saw her alive on 9 Dec. 1958 .		21. I attended the deceased from 9 Dec. 1958 to 9 Dec. 1958 and last saw her alive on 9 Dec. 1958 .	
22a. SIGNATURE (Degree or title) Wallace H. Graham, M.D.		22b. ADDRESS 518 Argyle Bldg.	
22c. DATE SIGNED 10 Dec. 1958		22c. DATE SIGNED 10 Dec. 1958	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 12/12/58	
23c. NAME OF CEMETERY OR CREMATORY East Slope Cemetery		23d. LOCATION (City, town, or county) (State) Parkville, Missouri	
24. FUNERAL DIRECTOR Earp & Sons 4707 Truman Rd. K.C., Mo.		25. DATE RECD. BY LOCAL REG. 12-12-58	
26. REGISTRAR'S SIGNATURE neva minshall		26. REGISTRAR'S SIGNATURE neva minshall	

Wallace H. Graham USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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2

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 James W. Gay
Licensed Embalmer No. 4672
P. O. Address K.C., Mo.

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.