

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000017  
STATE FILE NUMBER

FILED JAN 26 1959

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 26

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Adair</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Scotland</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kirksville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Gorin</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Grim Smith Hospital</b>		Length of stay in 1b <b>1 week</b>	d. STREET ADDRESS (If outside, give location) <b>Harrison Twship.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Louise</b> Middle <b>?</b> Last <b>Kiefer</b>			4. DATE OF DEATH Month <b>January</b> Day <b>21</b> Year <b>1959</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb 9, 1864</b>	9. AGE (In years last birthday) <b>94</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Scotland County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>
13a. FATHER'S NAME <b>William Egbert</b>		13b. MOTHER'S MAIDEN NAME <b>Don't know</b>		14. NAME OF HUSBAND OR WIFE <b>Fred Kiefer-deceased</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Hospital Records</b> Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebro vascular accident</b>					INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					<b>331XF</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Practicing intertrochanteric dist hip</b>					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 _____ a.m. _____ p.m. _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			
20e. CITY, TOWN, OR LOCATION _____		COUNTY _____		STATE _____	
21. I attended the deceased from <b>1.7.59</b> to <b>1.21.59</b> and last saw her alive on <b>1.21.59</b> Death occurred at <b>1:30 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Milton T. Engle M.D.</b> (Degree or title)			22b. ADDRESS <b>Kirksville, Mo.</b>		22c. DATE SIGNED <b>1.23.59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1/23/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Gorin Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Gorin, Mo.</b>
24. FUNERAL DIRECTOR <b>Gerth &amp; Basket</b> ADDRESS <b>Wyaconda, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>1-23-59</b>		26. REGISTRAR'S SIGNATURE <b>Doris W. Rathff</b>

MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.  
MILTON T. ENGLE, M.D.

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 *Robert B. Davis* .....

Licensed Embalmer No. *4219* .....  
P. O. Address *Kirkville, 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.