

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004124

STATE FILE NUMBER

FILED FEB 13 1959

Registration District No. 328

Primary Registration District No. 6112

Registrar's No. 10

300  
-57 1

1. PLACE OF DEATH a. COUNTY <b>SCOTT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>SCOTT</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>KEBISO (TWP.)</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>KEBISO TWP.</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1 mi - SOUTH OF ANCELL, MO</b>		Length of stay in lb <b>4 YRS</b>	d. STREET ADDRESS (If outside, give location) <b>1 mi. SOUTH OF ANCELL, MO.</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>FRANK</b> Middle <b>JOSEPH</b> Last <b>KIEFFER</b>			4. DATE OF DEATH Month <b>FEB.</b> Day <b>2</b> Year <b>1959</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MARCH 12, 1892</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>20</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and state or country) <b>NEW HAMBURG, MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>ANDREW KIEFFER</b>		13b. MOTHER'S MAIDEN NAME <b>THERESA KLIPFEL</b>	14. NAME OF HUSBAND OR WIFE <b>MARY BLES</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>490-24-9864</b>	17. INFORMANT Address <b>MRS. MARY KIEFFER - Rt. 1 - ILLMO, MO</b>		

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>acute Pulmonary Edema</b>		INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs.</b>
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last.	DUE TO (b) <b>Congestive right heart Failure</b>	<b>1 month</b>
	DUE TO (c) <b>Cardio-Vascular Renal Arteriosclerosis</b>	<b>44 2/3</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Generalized Anasarca due to Renal inadequacy.</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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 <b>12-31-59</b> to <b>2-2-59</b> and last saw her alive on <b>1-31-59</b> Death occurred at <b>11:00 AM.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>H. N. Hehner, D.O.</b> (Degree or title)	22b. ADDRESS <b>Chaffee, mo</b>
22c. DATE SIGNED <b>1/4/59</b>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>FEB. 5, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ST. AUGUSTINE CATHOLIC CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>KEBISO MISSOURI</b>
24. FUNERAL DIRECTOR <b>BISPLINGHOFF FUNERAL HOME - ILLMO, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>Feb. 6 - 19 59</b>	26. REGISTRAR'S SIGNATURE <b>Mustard Bisplinghoff</b>

(Licensed Embalmer's Statement on Reverse Side)

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 *Alva Carmichael* .....

Licensed Embalmer No. *4770* .....  
P. O. Address *Illino, N* .....

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.