Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-012780
STATE FILE NUMBER

FILED MAY 6 1959 Registration District No. 93 Primary Registration District No. Registrar's No. 59-38

1. PLACE OF DEATH
a. COUNTY Dade
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grant TWP — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home 6mi So Lockwood Mo — Length of stay in Ib yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Dade
c. CITY OR TOWN Lockwood Mo 0290 — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) 6mi So. Lockwood Mo — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First: Tobias Middle: Gotthieb Last: Kiefer

4. DATE OF DEATH Month: April Day: 27 Year: 1959

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: March26,1878
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 1 Days 1 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Germany 4
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Jacob Kiefer
13b. MOTHER'S MAIDEN NAME: Minnie Fisher
14. NAME OF HUSBAND OR WIFE: Anna Kiefer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 491-42-8561
17. INFORMANT: Mrs Anna Kiefer Address: Lockwood Mo rt3

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pneumonia 331x

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 4-17-59, to 4-27-59 and last saw her (him) alive on 4-21-59
Death occurred at 4:30A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Elmer W. Taylor M.D. (Degree or title)
22b. ADDRESS 807 Main St. Lockwood, Mo
22c. DATE SIGNED 4/30/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: April 29,1959
23c. NAME OF CEMETERY OR CREMATORY: Zion Lutheran
23d. LOCATION (City, town, or county) (State): Dade Co Mo.

24. FUNERAL DIRECTOR: W. R. Allison ADDRESS: Greenfild Mo.
25. DATE RECD. BY LOCAL REG.: May 1, 1959
26. REGISTRAR'S SIGNATURE: J. C. Canada

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Elmer W. Taylor, 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 W. R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield

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.