URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 23 1959

59–033298

STATE FILE NUMBER

NDED

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 174

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla, Mo.
Length of stay in 1b: 2 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCrarland Nurs Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Franklin
c. CITY OR TOWN Berger, Mo.
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Mrs. ARIA Middle NONE Last KIRCHHOFER

4. DATE OF DEATH: Month Sept Day 15 Year 1959

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: Dec 21, 1861

9. AGE (last birthday): 97
IF UNDER 1 YEAR: Months 8 Days 24
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Housekeeping

11. BIRTHPLACE (City and state or country): Hermann, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Jacob Kirchhofer

13b. MOTHER'S MAIDEN NAME: Anna Unknown

14. NAME OF HUSBAND OR WIFE: None

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.: None

17. INFORMANT: Mrs. Pearl Kirchhofer Address: Hermann, Mo

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) Senile Dementia
INTERVAL BETWEEN ONSET AND DEATH: years?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): arteriosclerosis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 10-17-57, to ~~8-21-59~~ 9-15-59 and last saw her/~~him~~ alive on 8-21-59
Death occurred at 12:30 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E. E. Feind M.D.

22b. ADDRESS: Rolla mo.

22c. DATE SIGNED: 9-18-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial Rem

23b. DATE: 9-17-1959

23c. NAME OF CEMETERY OR CREMATORY: St. Johns E&R Cem.

23d. LOCATION (City, town, or county): Berger (State): MO

24. FUNERAL DIRECTOR: Paul H. Blumer ADDRESS: Berger Mo

25. DATE RECD. BY LOCAL REG.: Sept. 18, 1959

26. REGISTRAR'S SIGNATURE: Nadine L. Stoll

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Paul E. Null

Signature of Student Embalmer

Licensed Embalmer No. 4498

P. O. Address Rolla, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.