URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

'59 043402
STATE FILE NUMBER

FILED VS DEC 21 1959 042 Registration District No. Primary Registration District No. 1000 Registrar's No. 1268

ENDED

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph
Length of stay in 1b: 34 Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 105 No. 15th St.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 105 No. 15th St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First LORENA Middle G. Last KNEIB

4. DATE OF DEATH: Month December Day 15, Year 1959

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9-5-1877
9. AGE (last birthday): 82
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Easton, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Paul Seila
13b. MOTHER'S MAIDEN NAME: Elizabeth Miller
14. NAME OF HUSBAND OR WIFE: Frank Kneib

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Irene E. Kneib Address: 105 No. 15th City

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerosis, generalized
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Decubitus ulcers

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

BY AFFIDAVIT OF Wm Redmond MD

MEDICAL CERTIFICATION

21. I attended the deceased from 12/23/55 to 12/15/59 and last saw her/him alive on 12/10/59
Death occurred at 12:20 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wm Redmond, MD
22b. ADDRESS: St Joseph, Mo.
22c. DATE SIGNED: 12/16/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec. 18, 1959
23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
23d. LOCATION (City, town, or county) (State): St. Joseph, Mo.

24. FUNERAL DIRECTOR: H.O. Sidenfaden & Son
ADDRESS: St Joseph, Mo R.R.4.
25. DATE RECD. BY LOCAL REG.: Dec. 17, 1959
26. REGISTRAR'S SIGNATURE: Mrs. Clark Gadell

(Licensed Embalmer's Statement on Reverse Side)

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_____
Signature of Student Embalmer

Signed Robert L Yapp

Licensed Embalmer No. 3303

P. O. Address St. Joseph, Mo

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