

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 3 6 2 '6

FILED 16 JAN - 6 1960 <sup>59</sup> Primary Registration District No. \_\_\_\_\_ Registrar's No. <sup>4</sup> STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Cass</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mt. Pleasant Township</b>		Length of stay in 1b <b>16 mos.</b>		c. CITY OR TOWN <b>Mt. Pleasant Township</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>328th USAF Hospital Richards-Gebaur AFB, Mo.</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>5236 Clark Ave. Richards-Gebaur AFB, Mo.</b>	
3. NAME OF DECEASED (Type or print) First <b>Albert</b> Middle <b>Charles</b> Last <b>Kiegel</b>			4. DATE OF DEATH Month <b>December</b> Day <b>29</b> Year <b>1959</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Cau</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>22 Dec 15</b>	9. AGE (last birthday) <b>44</b>	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) <b>U.S. Air Force</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. Air Force</b>		11. BIRTHPLACE (City and state or country) <b>Rockford, Ill.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Deceased</b>			13b. MOTHER'S MAIDEN NAME <b>Deceased</b>			14. NAME OF HUSBAND OR WIFE <b>Phyllis M. Kiegel</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes 29 Aug 40</b>			16. SOCIAL SECURITY NO. <b>348-10-2861</b>		17. INFORMANT <b>SSgt Maynard Akin Richards-Gebaur AFB, 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>Coronary Arteriosclerosis, advanced</b>						INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>	
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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.		Month, Day, Year _____					
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 _____ to _____ and last saw her/him alive on _____ Death occurred at <b>11:08 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
SIGNATURE (Type or print) <b>WARREN W. KOONTZ, JR. Captain, USAF, MC</b>				22b. ADDRESS <b>328th USAF Hospital Richards-Gebaur AFB, Missouri</b>		22c. DATE SIGNED <b>30 Dec 59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>1-2-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Rockford ?</b>		23d. LOCATION (City, town, or county) (State) <b>ROCKFORD, ILL.</b>		
24. FUNERAL DIRECTOR <b>E.K. GEORGE &amp; SONS, BELTON, MO.</b>			ADDRESS _____		25. DATE RECD. BY LOCAL REG. <b>1-2-1960</b>		26. REGISTRAR'S SIGNATURE <b>Mo. Ray Sebrer</b>

DOCUMENT

MEDICAL CERTIFICATION

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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard E. Benge

Licensed Embalmer No. 3958

P. O. Address Bellton, W

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.