

RL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011566

FILED VS APR 12 1960

Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 50

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Franklin				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Meramec Township		Length of stay in 1b 3 yrs.		c. CITY OR TOWN Pacific Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Gbs. Hills Infirmary			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Otto August Kiburz				4. DATE OF DEATH Month Day Year Apr 1 1960				
5. SEX m	6. COLOR OR RACE wh	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Nov 15, 1882	9. AGE (last birthday) 77	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) Foreman in brickyard			10b. KIND OF BUSINESS OR INDUSTRY Mo Pac RR		11. BIRTHPLACE (City and state or country) Pacific Mo.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Otto August Kiburz			13b. MOTHER'S MAIDEN NAME Lena Stricker		14. NAME OF HUSBAND OR WIFE Lucy Kiburz			
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 Brother Rock St. Gbs. Hills Eureka Mo. Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC DECOMPENSATION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HYPERTENSIVE CARDIOVASCULAR DISEASE DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS	
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 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 Month, Day, Year a.m. 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 Sept 1959 to 4/2/1960 and last saw her alive on 3/31/1960. Death occurred at 10:15 pm 4/1/1960 on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Patrick B. Hogen (Degree or title)				22b. ADDRESS 2623 Telegraph Rd Lemay Mo.			22c. DATE SIGNED 4/2/60	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE Apr 4, 1960	23c. NAME OF CEMETERY OR CREMATORY Pacific Cemetery		23d. LOCATION (City, town, or county) Pacific Mo.		State	
24. FUNERAL DIRECTOR Mrs. John L. Shields Pacific Mo.				25. DATE RECD. BY LOCAL REG. 4-4-60		26. REGISTRAR'S SIGNATURE Robert E. Bauer		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS MAY 18 1960

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

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

Signed Rafel Ottmann

Licensed Embalmer No. 4808

P. O. Address. Union, Mo

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.