

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 8 1960

-60-026348

STATE FILE NUMBER

Registration District No. 100 Primary Registration District No. _____ Registrar's No. 58

ENDED

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springcreek Twsp.		Length of stay in 1b 3 mo.	c. CITY OR TOWN Salem Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.R. 4, 5 mi. NE of Salem, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route 4 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CASPER Middle LEE Last KAFFER			4. DATE OF DEATH Month August Day 1 Year 1960		
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/17/77	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR Months _____ Days _____ Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Timber	11. BIRTHPLACE (City and state or country) Leasburg, Missouri	12. CITIZEN OF WHAT COUNTRY US
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13a. FATHER'S NAME William Kaffer	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Effie Mae
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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. 486-16-9895	17. INFORMANT Effie Mae Kaffer, Rte 4, Salem, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 30 days
IMMEDIATE CAUSE (a) Cerebrovascular accident		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral sclerosis		
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) n.s.	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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year 1959
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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 8-1-60	COUNTY 7-18-60	STATE
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21. I attended the deceased from **1959** to **8-1-60** and last saw ^{her}him alive on **7-18-60**
Death occurred at **5:30 P** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Jo S. Kaffer, D.D.	22b. ADDRESS Salem, Mo.	22c. DATE SIGNED 8-2-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/4/1960	23c. NAME OF CEMETERY OR CREMATORY Cavanaugh Cemetery	23d. LOCATION (City, town, or county) (State) Dent County Missouri
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24. FUNERAL DIRECTOR Max L. Warfel	ADDRESS Salem, Mo.	25. DATE RECD. BY LOCAL REG. Aug. 4, 1960	26. REGISTRAR'S SIGNATURE M. M. Hart M.D. Ave
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(Licensed Embalmer's Statement on Reverse Side)

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
or by James E. Kuntz, Student Embalmer No. 61

working under my personal supervision?

Student James E. Kuntz
Signature of Student Embalmer

Signed Max L. Wayne

Licensed Embalmer No. 4170

P. O. Address Salem, N.

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

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