

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-027415

FILED VS AUG 3 1960/62

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 5595 Registrar's No. 79

ENDED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>JEFFERSON</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ROCK SECKMAN</u>	a. STATE <u>MO</u>	b. COUNTY <u>JEFFERSON</u>
Length of stay in 1b <u>20 YRS</u>		c. CITY OR TOWN <u>SECKMAN ROCK</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>IMPERIAL R. R.</u>		d. STREET ADDRESS <u>IMPERIAL R. R.</u>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <u>BALTHASAR</u>	Middle <u>F.</u>	Last <u>KNEFF</u>	Month <u>7</u>	Day <u>2</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>NOV 23 1902</u>	9. AGE (last birthday) <u>57</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CAPTAIN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RESORT</u>		11. BIRTHPLACE (City and state or country) <u>NEAR ANTONIA MO</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>BALTHASAR KNEFF</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA KELLER</u>		14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u>		16. SOCIAL SECURITY NO. <u>486-20-3061</u>		17. INFORMANT <u>JOHN HENRY KNEFF</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH _____
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a) <u>GUN SHOT WOUND TO HEAD</u>	DUE TO (b) _____	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	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 type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>SELF INFLICTED</u>
20c. TIME OF INJURY Hour <u>11:00</u> p.m. Month, Day, Year <u>7-2-60</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>
20f. CITY, TOWN, OR LOCATION <u>Rock Twp. Jeff.</u>		COUNTY <u>MO</u>
21. I attended the deceased from <u>CORONER'S VIEW</u> and last saw ^{her} / _{him} alive on _____ Death occurred at <u>11:20 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <u>James A. Behm A.C. Coroner</u>	(Degree or title)	22b. ADDRESS <u>Fenton, Mo.</u>	22c. DATE SIGNED <u>7/3/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>JULY 5 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BURGESS CEMETERY</u>	23d. LOCATION (City, town, or county) <u>ANTONIA MO</u>
24. FUNERAL DIRECTOR <u>HEILIGTAG</u>	ADDRESS <u>ANTONIA MO</u>	25. DATE RECD. BY LOCAL REG. <u>7-5-60</u>	26. REGISTRAR'S SIGNATURE <u>Robert E. Bauer</u>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 30 1980

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Calmer Ataligtag

Licensed Embalmer No. 3571

P. O. Address Imperial

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.