

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED NOV 14 1960

53

3010

444-60-037697

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

INDEXED

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CAPE GIRARDEAU		c. CITY OR TOWN ORAN	
Length of stay in 1b 8 DAYS		d. STREET ADDRESS (If outside, give location) R. F. D. # 1	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last THEODORE MARTIN KIEFER		4. DATE OF DEATH Month Day Year NOV 3 1960	
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 2-27-1894
9. AGE (last birthday) 66		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) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) NEW HAMBURG, MO.
13a. FATHER'S NAME ANDREW KIEFER		13b. MOTHER'S MAIDEN NAME THERSA KLIPPEL	12. CITIZEN OF WHAT COUNTRY U. S. A.
14. NAME OF HUSBAND OR WIFE BERNADINE KIEFER		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. 488-42-3611		17. INFORMANT BERNADINE KIEFER, R. F. D. # 1	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) terminal pneumonia due to metastatic carcinoma (renal cell carcinoma with metastasis to brain.)		INTERVAL BETWEEN ONSET AND DEATH 30 months	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Brain metastasis		4 wks.	
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. Month, Day, Year 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 4-14-59 to 11-3-60 and last saw ^{her} him alive on 11-3-60 Death occurred at 5:40 a. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. R. Sebaugh, M.D.		22b. ADDRESS 219 North Pacific, Cape Girardeau, Mo.	22c. DATE SIGNED 11-7-60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE NOV. 5, 1960	23c. NAME OF CEMETERY OR CREMATORY NEW GUARDIAN ANGELS	23d. LOCATION (City, town, or county) (State) ORAN, MISSOURI
24. FUNERAL DIRECTOR EARL J. SMITH, ORAN, MO.		25. DATE RECD. BY LOCAL REG. 11-10-60	26. REGISTRAR'S SIGNATURE Gene Kasten

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 9 1964

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 Earl J. Smith

Licensed Embalmer No. 2676

P. O. Address Oran, Missouri

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