

FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 20 1960

-60-039407

Registration District No. 305 Primary Registration District No. 6047 Registrar's No. 23

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Warren	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wentzville		Length of stay in 1b	c. CITY OR TOWN Wright City
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway # 40		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 Milton Middle Clarence Last Kjar			4. DATE OF DEATH Month Oct Day 15 Year 1960
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/12/34
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 26
11. BIRTHPLACE (City and state or country) St Louis County		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME Torvald E Kjar		13b. MOTHER'S MAIDEN NAME Mildred Briscoe	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Korean War		16. SOCIAL SECURITY NO. 487-36-0660	17. INFORMANT Torvald E Kjar Address Wright City MO
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Internal Injeries Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Automobile Accident DUE TO (c) Two cars hit head-on			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" 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.) Cars hit head-on no wittness	
20c. TIME OF INJURY Hour 10-15-60 a.m. p.m.	Month, Day, Year 10-15-60 Internal Injeries from Auto accident		
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.) Highway # 40	20f. CITY, TOWN, OR LOCATION Wentzville,	COUNTY St. Charles STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Morris Muschany Coroner		22b. ADDRESS Wentzville MO	22c. DATE SIGNED 10-18-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-18-60	23c. NAME OF CEMETERY OR CREMATORY National Cem Jefferson Bks	23d. LOCATION (City, town, or county) (State) Jefferson Bks MO
24. FUNERAL DIRECTOR Nieburg Furn & Und CO	ADDRESS Wright City MO	25. DATE RECD. BY LOCAL REG. Oct 19 1960	26. REGISTRAR'S SIGNATURE Walter P. Duff

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 02 100

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 Frederic J. Niebur

Licensed Embalmer No. 33660

P. O. Address Wright

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.