

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-023930

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 143

AMENDED

DATE AMENDED
8/28/61

INSTEAD OF
Kniepfel

ITEM NO. SHOULD READ
3, 13a, 14, 17: Kniepfel

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF Fun. Dir.

FILED JUL 18 1961

1. PLACE OF DEATH a. COUNTY Audrian		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Length of stay in 1b 8hrs.	c. CITY OR TOWN Laddonia
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4 Mi.E.Of Laddonia, Mo.
3. NAME OF DECEASED (Type or print) First Donald Middle Gene Last Kniepfel		4. DATE OF DEATH Month 7 Day 3 Year 1961	
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 7-27-1934
9. AGE (last birthday) 26		IF UNDER 1 YEAR Months 26 Days	IF UNDER 24 HR Hours 26 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and state or country) Audrain Co. Mo.
12. CITIZEN OF WHAT COUNTRY U S A		13a. FATHER'S NAME Herman Kniepfel Kniepfel	
13b. MOTHER'S MAIDEN NAME Cora Belts		14. NAME OF HUSBAND OR WIFE Jonie Oneal Kniepfel	
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.	
17. INFORMANT Kniepfel		Address Herman Kniepfel, Laddonia, 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) Cerebral Trauma, severe Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Car wreck DUE TO (c)			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.) Car wreck	
20c. TIME OF INJURY Hour 6 p.m. Month, Day, Year 7 2 61		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 Laddonia COUNTY Laddonia STATE Mo.	
21. I attended the deceased from 7-2-61 to 7-3-61 and last saw him alive on 7-2-61 Death occurred at 3 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Red D. Rhodes M.D. (Degree or title)		22b. ADDRESS Mexico Mo.	
22c. DATE SIGNED 7-5-61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-5-1961	23c. NAME OF CEMETERY OR CREMATORY Laddonia Cemetery	23d. LOCATION (City, town, or county) Laddonia, Mo. (State)
24. FUNERAL DIRECTOR Wilkey & Bienhoff ADDRESS Laddonia, Mo.		25. DATE RECD. BY LOCAL REG. July 5-1961	26. REGISTRAR'S SIGNATURE Blanche Neely

MS JUL 20 1961

AUG 1 1961

MS FEB 1 1961

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Clyde Wilkey
Licensed Embalmer No. 3820

P. O. Address Perry, 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.