

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER **0030597**

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 212-67

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 28 1967	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY Henry</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton Length of stay in 1b</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Osteopathic Hosp. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Mo. b. COUNTY Henry</p> <p>c. CITY OR TOWN Clinton, Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) Rt. # 4, Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First Middle Last Virgil C. Kiefer</p>	<p>4. DATE OF DEATH Month Day Year Aug. 20, 1967</p>
<p>5. SEX Male</p>	<p>6. COLOR OR RACE White</p>
<p>7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 6/13/1920</p>
<p>9. AGE (last birthday) 47 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.</p>	<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer</p>
<p>10b. KIND OF BUSINESS OR INDUSTRY</p>	<p>11. BIRTHPLACE (City and state or country) Henry Co., Mo.</p>
<p>12. CITIZEN OF WHAT COUNTRY USA</p>	<p>13a. FATHER'S NAME Adam B. Kiefer</p>
<p>13b. MOTHER'S MAIDEN NAME Florence Horrel</p>	<p>14. NAME OF HUSBAND OR WIFE</p>
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. 2</p>	<p>16. SOCIAL SECURITY NO. 499 16 2057</p>
<p>17. INFORMANT Chester Kiefer, Clinton, Missouri Address 514 So. 8th</p>	<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) Medullary Paralysis INTERVAL BETWEEN ONSET AND DEATH 2 hours</p> <p style="text-align: center;">DUE TO (b) Cerebral vascular Hemorrhage 18 hours</p> <p style="text-align: center;">DUE TO (c) Severe Hypertension Unknown</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a))</p> <p>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</p>
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>
<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	<p>21. I attended the deceased from August 20th - 67 August 20-67 and last saw her/him alive on August 20th, 1967</p> <p>Death occurred at 7:00 p m on the date stated above, and to the best of my knowledge, from the causes stated.</p>
<p>22a. SIGNATURE (Deceased or title) Clinton L. Glaspy DO</p>	<p>22b. ADDRESS Clinton Mo</p>
<p>22c. DATE SIGNED 8/22/67</p>	<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Burial</p>
<p>23b. DATE Aug. 22, 1967</p>	<p>23c. NAME OF CEMETERY OR CREMATORY Englewood Cemetery</p>
<p>23d. LOCATION (City, town, or county) (State) Clinton, Missouri</p>	<p>24. FUNERAL DIRECTOR ADDRESS Vansant Funeral Home, Clinton, Mo.</p>
<p>25. DATE RECD. BY LOCAL REG. Aug. 22, 67</p>	<p>26. REGISTRAR'S SIGNATURE Mildred Bigem</p>

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT

DATE AMENDED	AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
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AUG 3 0 1967

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 W.A. Farsant

Licensed Embalmer No. 3779

P. O. Address Clinton

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.

Permit obtained 8-22-67
M.F.