

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040799

STATE FILE NUMBER

FILED DEC 15 1958

Registration District No.

5796-224

Primary Registration District No.

224 5796

Registrar's No. 169

1. PLACE OF DEATH a. COUNTY <b>MONITEAU</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MONITEAU</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MS GIRK MO</b>		c. CITY OR TOWN <b>MS GIRK</b> 0698	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <b>2 MI. S E of MS GIRK</b>	
3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>FREDRICK</b> Last <b>KIRCHHOFF</b>		4. DATE OF DEATH Month <b>Dec</b> Day <b>1</b> Year <b>1958</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov 22 1856</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>No</b>	9. AGE (In years last birthday) <b>102</b> IF UNDER 1 YEAR Months <b>0</b> Days <b>19</b> IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
11. BIRTHPLACE (City and state or country) <b>MS GIRK MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>FRED KIRCHHOFF</b>		13b. MOTHER'S MAIDEN NAME <b>HUFFINDICK</b>	
14. NAME OF HUSBAND OR WIFE <b>MINNIE MEYER</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT Address <b>HERMAN KIRCHHOFF MS GIRK MO</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Senility</b> DUE TO (b) <b>Found dead in bed</b> DUE TO (c) <b>No medical attention for 17 years</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
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.) <b>794X</b>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 <b>California; Moniteau MO</b>	
21. I attended the deceased from <b>no medical attention for 17 years</b> and last saw him alive on <b>about 12:30 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>RA Fulke MD</b>		22b. ADDRESS <b>California, MO</b>	
22c. DATE SIGNED <b>12-1-58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
23b. DATE <b>Dec-3-1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Salem Evangelical Cem. California</b>	
23d. LOCATION (City, town, or county) (State) <b>MO</b>		24. FUNERAL DIRECTOR ADDRESS <b>Hugh E Williams California MO</b>	
25. DATE RECD. BY LOCAL REG. <b>12-1-58</b>		26. REGISTRAR'S SIGNATURE <b>H Lapeyere</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Hugh E. Williams* .....

Licensed Embalmer No. *3537* .....

P. O. Address *California* .....

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.