No. 300
10-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 10 1956

State File No. 2545

BIRTH NO. 124 REG. DIST. NO. 216 PRIMARY REG. DIST. NO. 6079 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Liberty Twsp.
c. LENGTH OF STAY (In this place): 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Knob Lick R.R. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Francois
c. CITY OR TOWN:
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Knob Lick R.R. 1 0940

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Andrew c. (Last) Kiepe

4. DATE OF DEATH: (Month) Jan (Day) 3 (Year) 1956

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: Jan 26, 1905

9. AGE (In years last birthday): 50 IF UNDER 1 YEAR Months: 11 Days: 7 IF UNDER 24 HRS. Hours: 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 Foreign Country): St Francois Co. Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Theodore Kiepe

13b. MOTHER'S MAIDEN NAME: Catherine Schaeffer

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Henry Kiepe, Farmington R.R. 3 Missouri

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound in head — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coroner Jury Verdict by his own
DUE TO (c) hands, suicide, self-murder

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
976X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Liberty Twsp. St. Francois Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 3, 1956 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? self inflicted gunshot wound in head with 25 Caliber rifle

22. *I hereby certify that I attended the deceased from* ~~———, 19——~~, *to* ———, 19——, *that I last saw the deceased alive on* ———, 19——, *and that death occurred at* ——— m., *from the causes and on the date stated above.*

23a. SIGNATURE: Bert A. Mullis (Degree or title): Coroner
23b. ADDRESS: Farmington Mo
23c. DATE SIGNED: 1/4/56

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Jan 5, 1956
24c. NAME OF CEMETERY OR CREMATORY: Christian Cemetery
24d. LOCATION (City, town, or county) (State): Libertyville, Missouri

DATE REC'D BY LOCAL REG.: Jan. 4, 1956
REGISTRAR'S SIGNATURE: Esther Rudloff 289-C
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Miller Funeral Home, Farmington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Paul L. Dugal.....

Licensed Embalmer No..4120

P. O. Address..Farmington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.