No. 300
10-48

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

FILED OCT 7 1950

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 30394

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3974

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Menorah Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Ray
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Grape Grove
d. STREET ADDRESS (If rural, give location): X 089,0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Sara
b. (Middle): Elizabeth
c. (Last): Fifer

**4. DATE OF DEATH** (Month) (Day) (Year): 9 - 19 - 50

**5. SEX**: F
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Never Married
**8. DATE OF BIRTH**: Aug. 16, 1902
**9. AGE** (In years last birthday): 48
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housekeeper
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Ray Co. Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U. S.

**13a. FATHER'S NAME**: Jacob G. Rifer
**13b. MOTHER'S MAIDEN NAME**: Annie Early
**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.**: none
**17. INFORMANT'S SIGNATURE OR NAME**: Joseph E. Rifer
ADDRESS: Harding Mo.

**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) Intra-Cranial Lesion — INTERVAL BETWEEN ONSET AND DEATH: 1 mth (?)

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Glio-Blastoma primary
DUE TO (c) (Supp. report) — 5 yr

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

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

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify):
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.):
**21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.:
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**:

22. *I hereby certify that I attended the deceased from* Sept 13, 1950 *to* Sept 19, 1950, *that I last saw the deceased alive on* Sept 19, 1950, *and that death occurred at* 10:50 A.m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Paul Moss M. D. (Degree or title)
**23b. ADDRESS**: 1112 Bryant Bldg.
**23c. DATE SIGNED**: 9-19-50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 9-19-50
**24c. NAME OF CEMETERY OR CREMATORY**: Wakenda
**24d. LOCATION** (City, town, or county) (State): Ray Co. Mo.

**DATE REC'D BY LOCAL REG.**: 9-19-50
**REGISTRAR'S SIGNATURE**: Geraldine Holmes
**25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS**: Knipschild & Borchelding Harding 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 embalmed by me, or by.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed August Borcherding

Licensed Embalmer No. 4678

Signed.....
Student Embalmer

P. O. Address Harding, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.