

FILED FEB 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. LEMMON JR. 839
State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI		b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) LIFE		e. STREET ADDRESS (If rural, give location) 433 E. MONROE 0396			
d. FULL NAME OF HOSPITAL OR INSTITUTION 433 E. MONROE /					

3. NAME OF DECEASED (Type or Print) KATHRYN A. EIFFERT			4. DATE OF DEATH (Month) (Day) (Year) FEB. 11 1955		
a. (First)		b. (Middle)	c. (Last)		

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JAN. 10 1886	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED DEPT. MGR.		10b. KIND OF BUSINESS OR INDUSTRY NETTER'S		11. BIRTHPLACE (City and State or Foreign Country) GREENE COUNTY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME DAVE PATE		13b. MOTHER'S MAIDEN NAME ANNIE L. BINGHAM		14. NAME OF HUSBAND OR WIFE ROBERT L. EIFFERT (DECEASED)	
-------------------------------------	--	---	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 492-05-0075		17. INFORMANT'S SIGNATURE OR NAME HOWARD GOOCH		ADDRESS OZARK, MO.	
---	--	--	--	---	--	---------------------------	--

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis				Approx. 6 mos.	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Cecum				" 3 yrs.	
		DUE TO (c)					
		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 153X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	--	--	--	--	--	--	--

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 <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
--	--	---	--	----------------------------	--

22. I hereby certify that I attended the deceased from 11-9, 1954 to 2-11, 1955, that I last saw the deceased alive on 2-7, 1955, and that death occurred at 4 A. M. from the causes and on the date stated above.

23a. SIGNATURE D. Lemmon, MD (Degree or title)		23b. ADDRESS Springfield		23c. DATE SIGNED 2-11-55	
---	--	---------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2/13/55		24c. NAME OF CEMETERY OR CREMATORY HAZELWOOD		24d. LOCATION: (City, town, or county) (State) SPRINGFIELD, MO.	
---	--	--------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. 2-11-55		REGISTRAR'S SIGNATURE E. A. Williams		25. EMBALMER'S SIGNATURE [Signature]		ADDRESS SPRINGFIELD, MO.	
---	--	---	--	---	--	---------------------------------	--

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

JUL 11 1955

MAR 13 1955

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.....
R. L. Moore

Licensed Embalmer No. *277*

P. O. Address *Springfield*

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.