

JUL 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20072

BIRTH NO. _____ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 2000 Registrar's No. 448

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
c. LENGTH OF STAY (in this place) <u>1 week</u>		d. STREET ADDRESS (If rural, give location) <u>1409 E. Blaine Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HOWARD</u> b. (Middle) <u>CHRIST</u> c. (Last) <u>AUCHMUTY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 30, 1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>8 Nov. 1875</u>
9. AGE (in years last birthday) <u>76</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. accountant</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Selinsburg, Pennsylvania</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Private Finance Office</u>	13a. FATHER'S NAME <u>Peter E. Auchmuty</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Hollenbeck</u>	14. NAME OF HUSBAND OR WIFE <u>Maybelle Auchmuty</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>607-01-3895</u>	17. INFORMANT'S SIGNATURE, OR NAME AND ADDRESS <u>Ted McCarrel, 421 E. Davenport, Iowa, City, Iowa</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction, acute</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary arteriosclerosis</u> 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 <u>4201</u>	
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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>5-28, 1952</u> , to <u>6-30, 1952</u> , that I last saw the deceased alive on <u>6-30, 1952</u> , and that death occurred at <u>10 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>G. B. Lemmon</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Springfield, Mo</u>	23c. DATE SIGNED <u>6-30-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>2 July 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Westlawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Omaha, Nebraska</u>
DATE REC'D BY LOCAL REG. <u>7-2-52</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Trull C. Thorne</u>	ADDRESS <u>Springfield, Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

0396
0

JUL 9 1964

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

Student Embalmer

Signed

Ralph H. Thies

Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri.

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