

S. No. 300  
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44440

State File No. ....

FILED JAN 17 1953

5763

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Colorado</u> b. COUNTY <u>El Paso</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Colorado Springs 8050</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Devine Bros. Foundation Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>531 E. Bijou</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wilfred</u>		b. (Middle) <u>E.</u>	
		c. (Last) <u>Auld</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>12 30 52</u>		5. SEX <u>male</u>	
6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	
8. DATE OF BIRTH <u>July 23-1882</u>		9. AGE (In years last birthday) <u>70</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FOR SELF</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>C.P.A.</u>	
11. BIRTHPLACE (State or foreign country) <u>CENTRAL CITY Colorado</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>I. Murray Auld</u>		13b. MOTHER'S MAIDEN NAME <u>Flora Linkletter</u>	
14. NAME OF HUSBAND OR WIFE <u>Laverne Auld</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Auld</u> ADDRESS <u>35 CRAIGMORE VILLAGE COLORADO SPRINGS CO.</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>Prostatitis</u>  ANTECEDENT CAUSES DUE TO (b) <u>Chronic inflammation</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 <u>12/20/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Median Bar Hypertrophy</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>SUICIDE</u>	
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) (Min.)		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>12/16</u> , 19 <u>52</u> , to <u>12/30</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12/30</u> , 19 <u>52</u> , and that death occurred at <u>11:55A.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>G. M. Jaquiss</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>918 Oak St. Kansas City, Mo.</u>	
23c. DATE SIGNED <u>12/30/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>Dec-31-1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>-</u>		24d. LOCATION (City, town, or county) (State) <u>COLORADO SPRINGS, COLORADO</u>	
DATE REC'D BY LOCAL REG. <u>12-31-52</u>		REGISTRAR'S SIGNATURE <u>D. H. Newcome</u> ADDRESS <u>1391 BRUSH CREEK KANSAS CITY, MO.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

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

(Licensed Embalmer's Statement on Reverse Side)

1967 JAN 1

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.....

*Robert Ray*

Signed.....

Student Embalmer

Licensed Embalmer No. 4182

P. O. Address Kansas City, Mo

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.