

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26022

State File No. ....

FILED SEP 17 1956

986

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Buchanan</u>		
b. CITY OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>1 week</u>		c. CITY OR TOWN <u>St. Joseph</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>R. R. #4</u>				<u>0110</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ISAAC</u>			b. (Middle) <u>RANDOLPH</u>			c. (Last) <u>AUXIER</u>				
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 7, 1956</u>										
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>May 2, 1891</u>		9. AGE (In years last birthday) <u>65</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Buchanan County, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Isaac R. Auxier, Sr.</u>			13b. MOTHER'S MAIDEN NAME <u>Louisa Barnett</u>			14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W.W.#1</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Lela Auxier, R. R. #4, St. Joseph, Mo.</u>				ADDRESS		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pulmonary embolism</u>				INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>		
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture Rt Humerus</u>				<u>8 day</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>9/7/56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fracture Rt Humerus</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, etc.) <u>Washington Twsp Buchanan Mo</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Washington Twsp Buchanan Mo</u>						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 31 '56 9A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto accident</u>						
22. I hereby certify that I attended the deceased from <u>8/21</u> , 19 <u>56</u> , to <u>9/7</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>9/7</u> , 19 <u>56</u> and that death occurred at <u>12:00 noon</u> from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>420 N 8th St St Joseph Mo</u>				23c. DATE SIGNED <u>9/10/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/9/1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Frazier Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Buchanan County, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>Sept 13, 1956</u>		REGISTRAR'S SIGNATURE <u>Gather M. Allison</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Newton Bowman</u>				ADDRESS <u>St Joseph Mo</u>	

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

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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 *William J. Sullivan*.....

Licensed Embalmer No. *4535*.....

P. O. Address *345 W. 1st St.*.....

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.