

FILED JAN 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **40842**

BIRTH NO. _____		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>3011</u>		Registrar's No. <u>107</u>					
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE <u>Missouri</u>				b. COUNTY <u>Carroll</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton</u>		c. LENGTH OF STAY (In this place) <u>8 yrs.</u>		c. CITY OR TOWN <u>Carrollton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>404 West Second St.</u>				e. STREET ADDRESS (If rural, give location) <u>404 West Second Street.</u>				0110			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>			b. (Middle) <u>Jake</u>			c. (Last) <u>Auer</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 8 1956</u>											
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 1, 1890</u>		9. AGE (In years last birthday) <u>66</u>			
						IF UNDER 1 YEAR Months <u>6</u> Days <u>2</u>		IF UNDER 24 HRS. Hours <u>7</u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad Work</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Agent (Wabash)</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Alsace-Lorraine</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Henry Auer</u>			13b. MOTHER'S MAIDEN NAME <u>Louise Sherer</u>			14. NAME OF HUSBAND OR WIFE <u>Laura Plackmeier Auer.</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Laura Auer (Carrollton 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>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hr</u>			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>				5 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						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)		331x					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>Jan 1951</u> , to <u>Dec 8, 1956</u> , that I last saw the deceased alive on <u>Dec 5, 1956</u> , and that death occurred at <u>8 A</u> m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>John H. Platy M.D.</u>				23b. ADDRESS <u>Carrollton Mo</u>				23c. DATE SIGNED <u>12-9-56</u>			
24a. BURIAL/CREMATION/REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-11-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo.</u>					
DATE REC'D BY LOCAL REG. <u>1-3-57</u>		REGISTRAR'S SIGNATURE <u>Mrs. Herbert Calvert</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Marshall F. Home (Carrollton Mo.)</u>						

(Licensed Embalmer's Statement on Reverse Side)

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

45
0

JAN 8
1957

APR 8
1957

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 *P. M. Marshall*

Licensed Embalmer No. *252*

P. O. Address *Carroll*

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.