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FILED OCT 14 1957

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

31404
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 970

**1. PLACE OF DEATH**
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Springfield — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 700 E. Monroe — Length of stay in Ib: Lite time

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Greene
c. CITY OR TOWN: Springfield — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 700 E. Monroe — Reside on Farm: Yes [ ] No [X]

**3. NAME OF DECEASED** (Type or print): First: MARTIN Middle: VERNON Last: AUSHERMAN

**4. DATE OF DEATH** Month, Day, Year: October 6, 1957

**5. SEX:** Male **6. COLOR OR RACE:** White **7. MARITAL STATUS:** MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

**8. DATE OF BIRTH:** May 17, 1877

**9. AGE** (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Grocer
**10b. KIND OF BUSINESS OR INDUSTRY:** Retail Grocery
**11. BIRTHPLACE** (City and state or country): Springfield, Missouri
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME:** Martin Ausherman
**13b. MOTHER'S MAIDEN NAME:** Mary Knox
**14. NAME OF HUSBAND OR WIFE:** Mrs. Mary H. Knox

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): no (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.:** 486040-9428
**17. INFORMANT** Address: Mrs. Mary H. Ausherman, Springfield, Mo.

MEDICAL CERTIFICATION

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive cardiovascular heart disaase — 15 years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4261

**19. WAS AUTOPSY PERFORMED?** YES [ ] NO [ ]

**20a. ACCIDENT** [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)
**20c. TIME OF INJURY** Hour a.m. p.m. Month, Day, Year
**20d. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
**20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**20f. CITY, TOWN, OR LOCATION** COUNTY STATE

21. I attended the deceased from 1949, to 10-6-57 and last saw her/him alive on Aug 12, 1957
Death occurred at 10:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): L. Richard Webb M.D.
**22b. ADDRESS:** 609 Cherry St. Springfield, Missouri
**22c. DATE SIGNED:** 10-7-57

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burila
**23b. DATE:** Oct 9, 1957
**23c. NAME OF CEMETERY OR CREMATORY:** Hazelwood Cemetery
**23d. LOCATION** (City, town, or county) (State): Springfield, Mo.

**24. FUNERAL DIRECTOR:** Jewell E. Windle **ADDRESS:** Springfield, Mo.
**25. DATE RECD. BY LOCAL REG.:** 10-8-57
**26. REGISTRAR'S SIGNATURE:** Ernest Williamson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 ..... Signed Bernard F. Wright

Signature of Student Embalmer

Licensed Embalmer No. V-293

P. O. Address Springfie

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.