

Health, Welfare, Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004740
STATE FILE NUMBER

FILED FEB 19 1958

Registration District No. 53 Primary Registration District No. _____ Registrar's No. 187

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Gir	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jackson Mo Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Jackson Mo Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Michael Anna St		d. STREET ADDRESS Michael Anna St (If outside, give location)	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Rike Louise Hulda Aufdenberg First Rike Middle Louise Last Aufdenberg			4. DATE OF DEATH Feb 10 1958 Month Feb Day 10 Year 1958		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 15 1900	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 25 Days 0 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Jackson Mo		12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Friedrick Werner		14. MOTHER'S MAIDEN NAME Wiehelmine Ahrens	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Louis Aufdenberg		Address Jackson Mo	

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 few minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary artery disease			
DUE TO (c) Hypertensive arteriosclerotic changes in myocardium			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO IMMEDIATE CAUSE (Do not include conditions given in Part I) None			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4201		
20c. TIME OF INJURY Hour 11:15 am Month 2 Day 10 Year 1958			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Jackson	COUNTY Mo	STATE Mo
21. I attended the deceased from 7/5/56 to 2/10/58 and last saw her alive on 2/3/58 Death occurred at 7:15 am on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) J. H. Trolinger, M.D.		22b. ADDRESS J. H. TROLINGER, M. D. JACKSON, MISSOURI		22c. DATE SIGNED 2/12/58

23a. BURIAL, CREATION, RENEWAL (Specify) Burial	23b. DATE Feb 12 1958	23c. NAME OF CEMETERY OR CREMATORY Tilnit Lutheran	23d. LOCATION (City, town, or county) (State) Jackson Mo
24. FUNERAL DIRECTOR McComb Funeral Home		25. DATE RECD. BY LOCAL REG. Feb 17, 1958	26. REGISTRAR'S SIGNATURE Mrs. Homer Cooper

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..... *B. A. Meyer*

Licensed Embalmer No. *30*

P. O. Address *Jackson*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.