

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021311  
STATE FILE NUMBER

3016

184

JUL 8 1958

Registration District No. 77

Primary Registration District No.

Registrar's No.

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Cole.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jefferson City, Mo</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Richland, Mo.</b> 0850 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hosp.</b>		Length of stay in 1b <b>10 days.</b>	d. STREET ADDRESS (If outside, give location) <b>Star. # Rt.</b>
3. NAME OF DECEASED (Type or print) First <b>Lucinda</b> Middle <b>Jane</b> Last <b>Aulbach</b>		4. DATE OF DEATH Month <b>June</b> Day <b>26</b> Year <b>1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White.</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>5-29-04</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife.</b>		10b. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (In years, last birthday) <b>54</b>
11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Creed Pruitt.</b>		13b. MOTHER'S MAIDEN NAME <b>Laura Riddle.</b>	14. NAME OF HUSBAND OR WIFE <b>Curtis J. Aulbach</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None.</b>	17. INFORMANT Address <b>Curtis J. Aulbach Richland, Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _____ DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Eucorona of cervix (recurrent) - 7 mos.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>terminal</b>
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.) <b>4201H</b>	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 COUNTY STATE
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at <b>3:50 a.m. 6/26/58</b> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Eugene P. Suga...</b>	
22b. ADDRESS <b>Jefferson City, Mo.</b>		22c. DATE SIGNED <b>6/26/58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>6/26/58</b>	23c. NAME OF CEMETERY OR CREMATOR <b>Oaklawn Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Richland, Missouri</b>
24. FUNERAL DIRECTOR <b>Hedges Funeral Home Richland, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>26 June 1958</b>	26. REGISTRAR'S SIGNATURE <b>R.C. Davis, MD-MR</b>

MEDICAL CERTIFICATION

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 .....  
Signature of Student Embalmer

Signed *Charles E. M...*

Licensed Embalmer No. .... 4896 .....  
P. O. Address Waynesville, M

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.