

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040872

STATE FILE NUMBER

FILED NOV 17 1958

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 320

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville		c. CITY OR TOWN Parnell	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis		Length of stay in lb 3 weeks	
3. NAME OF DECEASED (Type or print) First ANNA Middle CATHERINE Last AUFFERT		4. DATE OF DEATH Month 10 Day 25 Year 58	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/3/80
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) Schellville, Ind.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Mathias Kohmetscher	
13b. MOTHER'S MAIDEN NAME Mary Heitman		14. NAME OF HUSBAND OR WIFE Gerard J. Auffert	
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 Gerard J. Auffert, Parnell, Mo.		Address	
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 Dilatation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Taxemia + Debilitation DUE TO (c) Repeated (sublethal) bleed off abscess PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Irregular liver stomach + intestinal tract.			INTERVAL BETWEEN ONSET AND DEATH 3 to 4 weeks
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 585 X	
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 10-5-58 to 10/25/58 and last saw her ^{her} _{live on} 10-25-58 Death occurred at 3:20 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. H. Jackson (Degree or title) M. D.		22b. ADDRESS Maryville, Missouri	
22c. DATE SIGNED 11/11/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 10/28/58	
23c. NAME OF CEMETERY OR CREMATORY St. Joseph's		23d. LOCATION (City, town, or county) (State) Parnell, Missouri	
24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo.		25. DATE RECD. BY LOCAL REG. 15 58	
26. REGISTRAR'S SIGNATURE Bess Holt			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *John W. Price*
Licensed Embalmer No. *4281*
P. O. Address *Maryville*

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.