MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-028856
STATE FILE NUMBER

AMENDED

Registration District No. 118 Primary Registration District No. 4188 Registrar's No. 26

FILED SEP 5 1961

1. PLACE OF DEATH
a. COUNTY Gasconade
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Owensville
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Gasconade
c. CITY OR TOWN Owensville
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 308 N. First St.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First William Middle James Last AufderHeide

4. DATE OF DEATH Month Day Year August 25, 1961

5. SEX male
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 11-23-88
9. AGE (last birthday) 72
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant
10b. KIND OF BUSINESS OR INDUSTRY Store Business
11. BIRTHPLACE (City and state or country) Owensville, Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME August W. AufderHeide
13b. MOTHER'S MAIDEN NAME Henriette Niewald
14. NAME OF HUSBAND OR WIFE Carrie Given Aufder Heide

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) ##

17. INFORMANT John W. AufderHeide Address Owensville, 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) Carcinoma Liver and
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Intestines,
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 8-21-61, to 8-21-61 and last saw ~~him~~ alive on 8-21-61
Death occurred at 12:30P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE G. H. Bradley MD (Degree or title)
22b. ADDRESS Owensville, Mo
22c. DATE SIGNED 8-26-61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 8-27-1961
23c. NAME OF CEMETERY OR CREMATORY City Cemetery
23d. LOCATION (City, town, or county) (State) Owensville, Mo.

24. FUNERAL DIRECTOR Gottenstroeter Funeral Home ADDRESS Owensville, Mo.
Milford H. Winter
(Licensed Embalmer's Statement on Reverse Side)

25. DATE RECD. BY LOCAL REG. August 26, 1961
26. REGISTRAR'S SIGNATURE Mrs. Marvin Tappmeyer

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.
BY AFFIDAVIT OF DOCUMENT

SEP 22 1961

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 Milford H Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.