

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-029956

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 173 Primary Registration District No. 3034 Registrar's No. 65

AMENDED

FILED SEP 6 1961

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Lafayette</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Higginsville</u>		c. CITY OR TOWN <u>Higginsville</u>	
Length of stay in 1b <u>1 year</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if not in hospital, give location) HOSPITAL OR INSTITUTION <u>17 E 23rd St</u>		d. STREET ADDRESS (if outside, give location) <u>17 E 23rd St.</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Naren</u> Middle <u>Aischer</u> Last <u></u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>26</u> Year <u>1961</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/20/1944</u>	9. AGE (last birthday) <u>17</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>Atma, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>Albert Myetter</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Maxstemeyer</u>		14. NAME OF HUSBAND OR WIFE <u>Roger Aischer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Roger Aischer, Higginsville, Mo.</u> Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Pulmonary Congestion & Atelectasis</u>			
DUE TO (b) <u>Aspiration of Vomitus</u>			
DUE TO (c) <u>Uterine Hemorrhage, due to premature separation of placenta</u>			
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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)	
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>after death</u> to <u></u> and last saw her/him alive on <u></u> Death occurred at <u>8-27-61 10:20 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

21a. SIGNATURE (Degree or title) <u>James S. Bridgman, M.D.</u>		21b. ADDRESS <u>St. Joseph Hospital, K.C. Mo.</u>		22c. DATE SIGNED <u>28 Aug 61</u>
22a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <u>Burial</u>	22b. DATE <u>Aug. 29, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Trinity Lutheran</u>	23d. LOCATION (City, town, or county) <u>Atma, Mo.</u>	
24. FUNERAL DIRECTOR <u>Dremer-Hiegers-Rickhof, Higginsville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Aug. 29. 61</u>		26. REGISTRAR'S SIGNATURE <u>Lutie Gordon Jordan</u>

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

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 Arund Rickhof

Licensed Embalmer No. 4284

P. O. Address Figginsville, 71

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.