

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **23925**

FILED AUG 6 1948

Registration District No. **216**

Primary Registration District No. **444**

Registrar's No. **31**

1. PLACE OF DEATH:  
(a) County **Randolph**  
(b) City or town **Clifton Hill**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 year, 3 months**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Randolph**  
(c) City or town **Clifton Hill**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (c) PRINT FULL NAME **August Robert Puschert**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **218-12972**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Minnie Puschert** 6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **November 5 1877**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>70</b>	<b>8</b>	<b>21</b>	hr. _____ min.

9. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business \_\_\_\_\_

12. Name **Fredrick Puschert**

13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Don't know**

15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. August Robert Puscher**

(b) Address **Clifton Hill, Missouri**

17. (c) **burial** (b) Date thereof **7-31-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Topeka, Kansas**

18. (c) Signature of funeral director **Tom B Patton**

(b) Address **Huntsville, Ind**

19. (a) **July 30 48** (b) **Mrs. D A Barnhart**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **26**  
year **1948** hour **8:45 P.M.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **JUNE 1** 19**48** to **JULY 26** 19**48**  
that I last saw him alive on **July 26** 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **CHRONIC MYOCARDITIS & DEGENERATION** Duration **2 yrs.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **93P**

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **2**

23. Signature **G. Noel Rain** (M. D. or other **Doc.**)

Address **Clifton Hill** Date signed **7-27-48**

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

AUG 9 1946

RECEIVED  
District Health Officer  
District File Number 8-48  
Date Filed AUG 4 1946

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Tom B Patton

Licensed Embalmer No. 3914

P. O. Address. Huntsville, Va

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 this body is not embalmed, fact should be so stated above.