

Mo. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26025

State File No. _____

FILED AUG 18 1949

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>4030</u>		Registrar's No. <u>136</u>			
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Martinsburg, Mo.</u>		c. LENGTH OF STAY (in this place) <u>39 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Martinsburg, Missouri</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Martinsburg, Missouri</u>				d. STREET ADDRESS (If rural, give location) <u>no street address</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CASPER</u>			b. (Middle) <u>-</u>		c. (Last) <u>AULBUR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 6 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 5 1866</u>		9. AGE (In years last birthday) <u>82</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>1</u> IF UNDER 1 HR. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work encompassing most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Ferdinand Aulbur</u>			13b. MOTHER'S MAIDEN NAME <u>Theresa Tommo</u>			14. NAME OF HUSBAND OR WIFE <u>Elizabeth Aulbur</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'S SIGNATURE OR NAME <u>Albert Aulbur</u> ADDRESS <u>Martinsburg</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u> DUE TO (c) <u>none</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>						INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u> <u>331X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>July 28, 1949</u> to <u>Aug 6, 1949</u> , that I last saw the deceased alive on <u>Aug 5, 1949</u> and that death occurred at <u>12:30 AM.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>[Signature]</u>					23b. ADDRESS <u>Wellsville Mo</u>		23c. DATE SIGNED <u>Aug 7, 1949</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/8/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cometary</u>		24d. LOCATION (City, town, or county) (State) <u>Martinsburg Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Aug 8-1949</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>A B Wells</u> ADDRESS <u>Wellsville Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 15 1949

RECEIVED

District Health Officer No. 10

District File Number 8-49-1393

Date Filed AUG 16 1949

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 self

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

A B Skelton

Licensed Embalmer No. 1588

P. O. Address Kelleville Mo

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.