

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36224**
204

FILED DEC 14 1949

BIRTH NO. _____		REG. DIST. NO. 10		PRIMARY REG. DIST. NO. 4020		Registrar's No. 204	
1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Martinsburg		c. LENGTH OF STAY (In this place) 40 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Martinsburg			
d. FULL NAME OF HOSPITAL OR INSTITUTION Martinsburg, Missouri				d. STREET ADDRESS (If rural, give location) no street address			
3. NAME OF DECEASED (Type or Print) ELIZABETH		a. (First)		b. (Middle) C.		c. (Last) AULBUR	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 1 1869	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Henry Froese		13b. MOTHER'S MAIDEN NAME Katherine Jungmann		14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Chris Aulbur ADDRESS Martinsburg, Missouri			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma liver (Primary) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 years 155X 2 years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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 <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 Dec 1 , 19 47 , to Dec 4 , 19 49 , that I last saw the deceased alive on Dec 4 , 19 49 , and that death occurred at 10:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE J. H. [Signature]		(Degree or title) M.D.		23b. ADDRESS Wellsville, Mo.		23c. DATE SIGNED 12-8-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/7/49		24c. NAME OF CEMETERY OR CREMATORY Saint Joseph Cemetery		24d. LOCATION (City, town, or county) (State) Martinsburg, Audrain, Mo.	
DATE REC'D BY LOCAL REG. Dec-8-1949		REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE A. B. Kelle ADDRESS Wellsville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 12 1949
District Health Officer No. 10
District File Number 12-49-200
Date Filed

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 _____
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.