

FILED MAR 2 1950

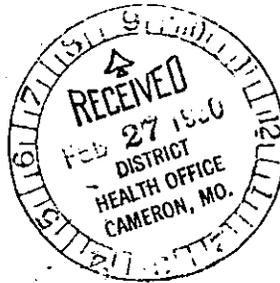
THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5444**

BIRTH NO. _____		REG. DIST. NO. <u>210</u>		PRIMARY REG. DIST. NO. <u>2632</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <b>Mercer</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Mercer</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Princeton</b>		c. LENGTH OF STAY (In place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Princeton</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Ray E.</b>		b. (Middle) <b>Kauffman</b>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <b>2-17-50</b>		5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>1-31-1899</b>		9. AGE (In years last birthday) <b>51</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>		11. BIRTHPLACE (State or foreign country) <b>Mercer Co., Mo</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Thomas F. Kauffman</b>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <b>Rogers</b>		14. NAME OF HUSBAND OR WIFE <b>Ruby Kauffman</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>487-07-0563</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ruby Kauffman</b>		ADDRESS <b>Princeton, Mo</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion (Sudden Death)</b>  ANTECEDENT CAUSES DUE TO (b) <b>Diabetes Mellitus (severe) 75 units daily of insulin to control.</b> DUE TO (c) <b>Glomerulo nephritis</b>  II. OTHER SIGNIFICANT CONDITIONS Had recently developed an albuminuric retinitis; was developing Bergers Disease.  19a. DATE OF OPERATION				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>None</b>				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) <b>Princeton, Mo</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>Jan 1945</u> , to <u>Feb 17</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Feb 16</u> , 19 <u>50</u> , and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>O. S. Brewster, M.D.</b>				23b. ADDRESS <b>Princeton, Mo</b>		23c. DATE SIGNED <b>2/18/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>2-19-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Princeton</b>		24d. LOCATION (City, town, or county) (State) <b>Princeton, Mo</b>	
DATE REC'D BY LOCAL REG. <b>2-20-50</b>		REGISTRAR'S SIGNATURE <b>M. J. [Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Noel Moss</b>		ADDRESS <b>Princeton, Mo</b>	

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

1927 7 7 11/11/27



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 Me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Paul Moss

Licensed Embalmer No. 263X

P. O. Address Pinetown N

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.