

FILED AUG 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26005

BIRTH NO. _____		REG. DIST. NO. 32		PRIMARY REG. DIST. NO. 5715		Registrar's No. 62	
1. PLACE OF DEATH a. COUNTY Ballinger				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ballinger			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural White Water Twp.				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - White water Twp.			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) 6 miles East of Patten Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Samuel		b. (Middle) Brown		c. (Last) Aults		4. DATE OF DEATH (Month) (Day) (Year) Aug 5 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 12/1874		9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months 5 Days 26 IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) International Factory		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Penn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Arthur Aults		13b. MOTHER'S MAIDEN NAME Emma Aults		14. NAME OF HUSBAND OR WIFE Sarah Aults			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 489-01-2458		17. INFORMANT'S SIGNATURE OR NAME Sarah Aults		ADDRESS Jefferson	
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Malnutrition II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 331X					
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) _____		21f. HOW DID INJURY OCCUR? _____	
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 Aug 27, 1950 to Aug 5, 1950 that I last saw the deceased alive on Aug 27, 1950 , and that death occurred at 6:45 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE W. D. Sample MD (Degree or title)				23b. ADDRESS Lutesville Mo		23c. DATE SIGNED Aug 7th 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 7/1950		24c. NAME OF CEMETERY OR CREMATORY Sedgewickville Mo		24d. LOCATION (City, town, or county) (State) Mo	
DATE REC'D BY LOCAL REG. Aug 12 1950		REGISTRAR'S SIGNATURE Willie Van Dumburg		25. FUNERAL DIRECTOR'S SIGNATURE Wm. Lutesville Mo		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 16 1950
District Health Office No. 6,
District File Number _____
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

R. O. Laird

Licensed Embalmer No. *4538*

P. O. Address *Jackson, Ma.*

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.