

5. No. 300
v. 10.48

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4471

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 716

0396

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arkansas b. COUNTY Searcy	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield,		c. LENGTH OF STAY (In this place) 50 minutes	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall 8030
d. FULL NAME OF HOSPITAL OR INSTITUTION Ozark Osteopathic Hospital		d. STREET ADDRESS (If rural, give location) 8	

3. NAME OF DECEASED (Type or Print) a. (First) Mildred	b. (Middle) Kauffman	c. (Last) Kaufman	4. DATE OF DEATH (Month) (Day) (Year) Feb. 12, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 22, 1920	9. AGE (In years last birthday) 30	IF UNDER 1 YEAR Months 70 Days 20	IF UNDER 4 HRS. Hours 2 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY In Home	11. BIRTHPLACE (State or foreign country) Marshall, Arkansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME G. M. Lynch	13b. MOTHER'S MAIDEN NAME Pearl Guthrie	14. NAME OF HUSBAND OR WIFE Charles Kaufman-Kauffman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME G. M. Lynch	ADDRESS Marshall, Ark.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Skull Fracture	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull Fracture		INTERVAL BETWEEN ONSET AND DEATH about 2 hrs.,
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		E8244
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		32

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) near Mansfield, Wright Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2/12/51 2 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell from car 114
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22. I hereby certify that I attended the deceased from 10, to 10, that I last saw the deceased alive on 19, and that death occurred at 4:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. E. Handley M.D. Coroner	23b. ADDRESS 407 Medical Arts Springfield, Mo.	23c. DATE SIGNED 2/13/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Feb. 15, 1951	24c. NAME OF CEMETERY OR CREMATORY Marshall	24d. LOCATION (City, town, or county) (State) Marshall, Arkansas
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DATE REC'D BY LOCAL REG. 2-13-51	REGISTRAR'S SIGNATURE W. E. Handley	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gorman-Scharpf Funeral Home, Inc. Springfield, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
CORR. BY B.F. 1951

APR 19 1954

APR 19 1954

APR 19 1954

APR 5 1955

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 Lewis G. Scharpf
Licensed Embalmer No. 38020

P. O. Address Springfield, 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.

3 1952

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Arkansas }
County of Searcy } ss.

State File No. 4471/50
Local Registrar's No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 14th day of January, 1952, before me appears _____

G. M. Lynch, who, upon his oath, states that the original record of ~~birth~~ death

for Mildred Kaufman, ~~born~~ died Feb. 12, 1951, in the State of

Missouri, and which was filed at Springfield, Mo. on 2-13, 1951, should be corrected as follows:

Item No. 3 should read Mildred Kauffman

Instead of _____ Mildred Kaufman

Item No. 4 should read Clarence J. Kauffman

Instead of _____ Charles Kaufman

Item No. 13b should read Pearl Guthrie

Instead of _____ Unknown Guthrie

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant. G. M. Lynch Father Relationship.

Marshall, Arkansas
Present Address.

Subscribed and sworn to before me this 14th day of January, 1952.

My Commission expires 6-15-52 Geo. Sanders Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1951
S-4471