

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED JUN 8 1951

State File No. **16009**

No. 300
10. 48

Registrar's No. **145**

77

3016

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 124 W. Elm St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 124 W. Elm St.		d. STREET ADDRESS (If rural, give location) 124 W. Elm St.	

3. NAME OF DECEASED (Type or Print) Lawrence Francis Kauffman			4. DATE OF DEATH June 1, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 1, 1906	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months 6 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Special Agent		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pacific R.R.		11. BIRTHPLACE (State or foreign country) Jefferson City Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Charles Kauffman		13b. MOTHER'S MAIDEN NAME Louise Kingery	
14. NAME OF HUSBAND OR WIFE Kathryn Kauffman		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 720-12-7963	

17. INFORMANT'S SIGNATURE OR NAME MQ.		ADDRESS Kathryn Kauffman Jefferson City,	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation		INTERVAL BETWEEN ONSET AND DEATH Sudden
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Not known		
		DUE TO (c) Intersectorsis		
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 checked="" type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) No	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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201

22. I hereby certify that I attended the deceased from **June 1, 1951**, to **June 1, 1951**, that I last saw the deceased **one time only** *alive on June 1, 1951*, and that death occurred at **10:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE M. R. Reddick	(Degree or title)	23b. ADDRESS West Bedg Jefferson City Mo	23c. DATE SIGNED 6/2/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 3, 1951	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemtery	24d. LOCATION (City, town, or county) (State) Jefferson City Mo

DATE REC'D BY LOCAL REG. June 2-1951	REGISTRAR'S SIGNATURE R. P. Davis MD-MR.	25. FUNERAL DIRECTOR'S SIGNATURE Victor Burcher Jefferson City Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

2264

RECEIVED 6-7-51

DISTRICT HEALTH OFFICE No. _____

District File Number _____

Date Filed 6-7-51

JUN 18 1951

JUN 19 1951

JUN 21 1951

JUN 8 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Victor Buescher

Signed.....
Student Embalmer

Licensed Embalmer No. 3701

P. O. Address Jefferson City 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.