

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21744**

FILED JUL 3-1951

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. 126	
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, write RURAL and give township) Marshall, Mo.		c. LENGTH OF STAY (in this place) 26 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Marshall		d. STREET ADDRESS (If rural, give location) 679 West Boyd	
3. NAME OF DECEASED (Type or Print) a. (First) Ives b. (Middle) L. c. (Last) Aulgur				4. DATE OF DEATH (Month) (Day) (Year) June - 25 51			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 15-1872	
9. AGE (in years last birthday) 79		IF UNDER 1 YEAR Months 2 Days 10		IF UNDER 1 HR. Hours 10 Min.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner				10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Sweet Springs, Missouri	
13a. FATHER'S NAME Andrew Aulgur			13b. MOTHER'S MAIDEN NAME Margaret Feris			14. NAME OF HUSBAND OR WIFE _____	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Raymond Williams-Marshall, MO.			
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) Arteriosclerotic Heart Disease 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 Jan , 19 47 , to June , 19 51 , that I last saw the deceased alive on June 25 , 19 51 , and that death occurred at 9 P. m., from the causes and on the date stated above.							
23a. SIGNATURE James A. Reid M.D.				23b. ADDRESS Marshall Mo		23c. DATE SIGNED 6-27-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/28/51		24c. NAME OF CEMETERY OR CREMATORY Ridge Park		24d. LOCATION (City, town, or county) (State) Marshall, Missouri	
DATE REC'D BY LOCAL REG. June, 27-1951		REGISTRAR'S SIGNATURE Sidney T. Gray		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Lechi Burroughs - Marshall, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-2-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 7-2-51

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 *J. Leslie Sussman*

Licensed Embalmer No. 3235

P. O. Address *Marshall, W.V.*

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.