

FILED DEC 20 1951

STANDARD CERTIFICATE OF DEATH

42292

State File No.

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 4320 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Palmyra</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Palmyra</u>	
c. LENGTH OF STAY (in this place) <u>46 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>224 N. Main</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>224 N. Main</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Charles</u>	b. (Middle) <u>Otis</u>	c. (Last) <u>Aulger</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>Dec.</u> <u>9</u> <u>1951</u>
-------------------------------------	---------------------------	-------------------------	-------------------------	---------------------------------------	----------------------------------

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>27 March 1881</u>	9. AGE (In years last birthday) <u>70</u>	# UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	# UNDER 1 HR. Hours <u>0</u> Min. <u>0</u>
--------------------	-------------------------------	---	---------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	-----------------------------------	---	---

13a. FATHER'S NAME <u>John W. Aulger</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Cox</u>	14. NAME OF HUSBAND OR WIFE <u>Estella Diettle Aulger</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>498-01-8895</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Estella Aulger</u>	ADDRESS <u>Palmyra, Mo.</u>
--	--	--	-----------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Nine months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	DUE TO (c)		
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 <u>331X</u>	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)
--	--	---

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 Mar. 19, 1951, to Dec. 9, 1951, that I last saw the deceased alive on Dec. 9, 1951, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. H. Stehman D.O.</u>	(Degree or title)	23b. ADDRESS <u>Palmyra Mo</u>	23c. DATE SIGNED <u>12/17/51</u>
--	-------------------	--------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12 Dec. 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Palmyra, Missouri</u>
---	-------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>12/12/51</u>	REGISTRAR'S SIGNATURE <u>Ref. Viola Bee</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Levin's Brothers</u>	ADDRESS <u>Palmyra, Mo.</u>
--	---	--	-----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 20 1951
MARION CO. HEALTH DEPT.
DATE FILED DEC 20 1951

7230 IMP

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, of Mo.

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed George M. Lewis

Licensed Embalmer No. 4851

P. O. Address Palmyra, Missouri

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.