

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **38233**

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

DEC 15 1952

| | | | | | | | |
|--|-------------------------------|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>118</u> | | PRIMARY REG. DIST. NO. <u>5441</u> | | Registrar's No. <u>27</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Gasconade</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Third Creek</u> | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Third Creek Twp.</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Owensville, Mo. Rt. 2</u> | | | | d. STREET ADDRESS (If rural, give location) <u>Owensville Mo. Rt. 2</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> | | b. (Middle) <u>Rudolph</u> | | c. (Last) <u>Aufdenkamp</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>9</u> <u>30</u> <u>1952</u> | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u> | | 8. DATE OF BIRTH <u>2-16-1871</u> | | 9. AGE (In years last birthday) <u>81</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>carpentering</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>*</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Owensville, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Ernst Aufdenkamp</u> | | 13b. MOTHER'S MAIDEN NAME <u>Henrietta Holzschuh</u> | | 14. NAME OF HUSBAND OR WIFE <u>**</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles Aufdenkamp Owensville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Failure</u> DUE TO (c) <u>CH</u> 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"/> | | 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) | | | |
| 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 <u>9-7</u> , 19 <u>52</u> , to <u>9-20</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9-29</u> , 19 <u>52</u> , and that death occurred at <u>11:30 A.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>S. V. Bradley M.D.</u> | | | | 23b. ADDRESS <u>Owensville, Mo</u> | | 23c. DATE SIGNED <u>10-1-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>10-2-1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Methodist Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>New Woollam, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>10/6/1952</u> | | REGISTRAR'S SIGNATURE <u>Herb H. Wallace</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Michael H H Winter OWENSVILLE</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Melvin F. Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE 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.