U.S. No. 300
Rev. 10.48

FILED FEB 16 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6995

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4383 Registrar's No. 35

07-40

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY OR TOWN Graham (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place) 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Nodaway
c. CITY OR TOWN Graham (If outside corporate limits, write RURAL and give township) 0740
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) Chester c. (Last) Kaufman
4. DATE OF DEATH (Month) (Day) (Year) 2-4-1953
5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Oct. 23-1884
9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work doing during most of working life even if retired) farmer (ret.)
10b. KIND OF BUSINESS OR INDUSTRY farming
11. BIRTHPLACE (State or foreign country) Bigelow - Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Finley Kaufman
13b. MOTHER'S MAIDEN NAME Anna Morris
14. NAME OF HUSBAND OR WIFE Mrs. Ruth Kaufman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 497-12-0368
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth Kaufman ADDRESS Graham-Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia (bilateral) — INTERVAL BETWEEN ONSET AND DEATH 48 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Influenza — 7 days.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 480 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 31, 1953, *to* Feb. 2, 1953, *that I last saw the deceased alive on* Feb. 2, 1953, *and that death occurred at* 1:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE W. R. Titcomb (Degree or title) D.O.
23b. ADDRESS Skidmore, Mo.
23c. DATE SIGNED 2-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-7-1953
24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cem-
24d. LOCATION (City, town, or county) Craig (State) Mo —

DATE REC'D BY LOCAL REG. 2-14-53
REGISTRAR'S SIGNATURE Ross Holt
25. FUNERAL DIRECTOR'S SIGNATURE J. M. Atkinson ADDRESS Maryville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 G. M. Atkinson

Licensed Embalmer No. 2279

P. O. Address Morgantown

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.