

FILED JUL 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20706

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 736

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dekalb	
b. CITY OR TOWN St Joseph		c. CITY OR TOWN Hemple	
c. LENGTH OF STAY (In this place) 5 mo.		d. STREET ADDRESS (If rural, give location) 0320	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1220 N. 9th. st.			

3. NAME OF DECEASED (Type or Print) James Monroe Aughinbaugh			4. DATE OF DEATH (Month) (Day) (Year) 7 2 53		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Oct. 2, 1865.		9. AGE (In years last birthday) 87		10. CITIZEN OF WHAT COUNTRY? USA	
11. BIRTHPLACE (City and State or Foreign Country) Hemple, Mo.		12. CITIZEN OF WHAT COUNTRY? USA			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY			

13a. FATHER'S NAME Monroe Aughinbaugh		13b. MOTHER'S MAIDEN NAME Fredrica Paulson		14. NAME OF HUSBAND OR WIFE Amelia Aughinbaugh	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. - - - - - 9090		17. INFORMANT'S SIGNATURE OR NAME Mrs. Velma Kersey Wathena	
				ADDRESS Es.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia et tubercula		DUE TO (b) Cardiovascular accident		2 day	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Fertilizer explosion		6 mo	
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)		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 26, 1953, to July 2, 1953 that I last saw the deceased alive on July 1, 1953, and that death occurred at 6:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) William H. Ames, M.D.		23b. ADDRESS 902 Edward St., St Joseph		23c. DATE SIGNED July 3, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/5/53		24c. NAME OF CEMETERY OR CREMATORY Independence Cemetery Hemple, Mo.	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REG. July 7, 1953		REGISTRAR'S SIGNATURE Esther M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE W. E. Summerfield	
				ADDRESS Stewartville, 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 W.E. Summerfield

Licensed Embalmer No. 3007

P. O. Address Stewartville, 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.