

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **25716**

FILED AUG 4 - 1953

BIRTH NO.		REG. DIST. NO. 233	PRIMARY REG. DIST. NO. 4348	Registrar's No. 11
1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Montgomery		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellsville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellsville 0700		
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME		d. STREET ADDRESS (If rural, give location) 0		
3. NAME OF DECEASED (Type or Print) a. (First) Edna		b. (Middle) May		c. (Last) Auchly
4. DATE OF DEATH (Month) (Day) (Year) July 30, 1953				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 1, 1874	9. AGE (In years last birthday) 78 If UNDER 1 YEAR: Months 6 Days 29 If UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Marion County, Ohio
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Austin A. Boyd		13b. MOTHER'S MAIDEN NAME Mary E. Wassner		14. NAME OF HUSBAND OR WIFE None
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 Robert Auchly Wellsville 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis INTERVAL BETWEEN ONSET AND DEATH 10 min 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.		
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) (Min.)		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 July 30, 1953 , to August 20, 1953 , that I last saw the deceased alive on August 20, 1953 , and that death occurred at 7:30 m., from the causes and on the date stated above.				
23a. SIGNATURE William H. Waller, M.D.		23b. ADDRESS Wellsville		23c. DATE SIGNED 7/31/53
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE Aug. 1, 1953		24c. NAME OF CEMETERY OR CREMATORY Montgomery Cemetery
24d. LOCATION (City, town, or county) (State) Montgomery City, Mo.				
DATE REC'D BY LOCAL REG. Aug 1 1953		REGISTRAR'S SIGNATURE W.S. Romano		25. FUNERAL DIRECTOR'S SIGNATURE Schlauber Funeral Home
		425		ADDRESS Montgomery City, Mo.

(Licensed Embalmers' Statement on Reverse Side)

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

0700
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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 *E. Boone Schlanke*

Licensed Embalmer No. 4136

P. O. Address Montgomery City, 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.