

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41774

41774

| | | | | | | | |
|---|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 324 | | PRIMARY REG. DIST. NO. 3072 | | Registrar's No. 220 | |
| 1. PLACE OF DEATH a. COUNTY <u>Saline</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Larayette</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Waverly "Rural"</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u> | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waverly "Rural"</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ritzgiboon Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>Fred</u> | | b. (Middle) <u>William</u> | | c. (Last) <u>Aversman</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>11 27 1953</u> | | 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | |
| 8. DATE OF BIRTH <u>Oct. 5, 1860</u> | | 9. AGE (In years last birthday) <u>93</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> | | 13a. FATHER'S NAME <u>Henry Bushman Aversman</u> | | 13b. MOTHER'S MAIDEN NAME <u>Dont know</u> | | 14. NAME OF HUSBAND OR WIFE <u>Adelheid Oellerich</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>- - - -</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Louis Aversman, Waverly, Missouri</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>Carcinoma of rectum</u> 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. <u>Congestive heart failure</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u> <u>12 days</u> | |
| 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) | | 21f. HOW DID INJURY OCCUR? | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 22. I hereby certify that I attended the deceased from <u>Dec. 1</u> , 1952, to <u>Nov 27</u> , 1951, that I last saw the deceased alive on <u>Nov. 26</u> , 1952, and that death occurred at <u>7:30</u> A.M., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D. M. D.</u> | | 23b. ADDRESS <u>Marshall, Mo.</u> | | 23c. DATE SIGNED <u>Nov. 27, 53</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>11/29/53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Trinity Lutheran Cem</u> | | 24d. LOCATION (City, town, or county) (State) <u>Alma, Larayette, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>11-30-1953</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alfred H. Bremer, Alma, Mo.</u> | | | |

(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

Alfred N. Bremer

Licensed Embalmer No. 2696

P. O. Address Alma, 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.