

FILED DEC 24 1953
Dr. Sugarbaker

STANDARD CERTIFICATE OF DEATH

State File No. 42410

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 362

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY OR TOWN Jefferson City	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 40yrs		e. STREET ADDRESS (If rural, give location) 610 Ohio Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Peter	b. (Middle) Royal	c. (Last) Kauffman	4. DATE OF DEATH (Month) (Day) (Year) Dec 21 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept-16-1894	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone Wireman	10b. KIND OF BUSINESS OR INDUSTRY Telephone	11. BIRTHPLACE (City and State or Foreign Country) Elston, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph Kauffman	13b. MOTHER'S MAIDEN NAME Mary Edwards	14. NAME OF HUSBAND OR WIFE Louise Kauffman
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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. 490-09-6634	17. INFORMANT'S SIGNATURE OR NAME Louise Kauffman	ADDRESS Jefferson City, Mo
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinomatosis		INTERVAL BETWEEN ONSET AND DEATH 9 mos.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (primary lung)		
	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 none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 162x
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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"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6-23, 1953, to 12-21, 1953, that I last saw the deceased alive on 12-21, 1953, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE Everett D. Sugarbaker (Degree or title) M.D.	23b. ADDRESS Jefferson City, Mo	23c. DATE SIGNED 12/21/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec-23-1953	24c. NAME OF CEMETERY OR CREMATOR Resurrection Cem	24d. LOCATION (City, town, or county) (State) Jefferson City, Mo
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DATE REC'D BY LOCAL REG. Dec 22-1953	REGISTRAR'S SIGNATURE R.P. Harris	25. FUNERAL DIRECTOR'S SIGNATURE J. J. ...	ADDRESS Jefferson City, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 24 1955

JAN 5 1956

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.....
Signature of Student Embalmer

Signed *Walter Gordon*

Licensed Embalmer No. *1786*

P. O. Address *Jeff 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.