

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13074

094

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

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 103

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY OR TOWN <u>BONNE TERRE</u> c. LENGTH OF STAY (in this place) <u>12 DAYS</u>		c. CITY OR TOWN <u>RURAL - ST. MICHAELS TOWNSHIP</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BONNE TERRE HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>RURAL - 8 mi. S.W. of FARMINGTON MO 6524</u>	
3. NAME OF DECEASED a. (First) <u>CORA</u> b. (Middle) <u>MISSOURI</u> c. (Last) <u>KAUFFMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 7, 1954</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB. 7, 1882</u>
9. AGE (in years last birthday) <u>72</u>	10. MONTHS <u>2</u>	11. DAYS <u>0</u>	12. IF UNDER 1 YEAR Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>WAYNE COUNTY, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>WILLIAM CENTER</u>	13b. MOTHER'S MAIDEN NAME <u>SUSAN BENNICK</u>	14. NAME OF HUSBAND OR WIFE <u>ALBERT B. KAUFFMAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>A. B. KAUFFMAN - FREDERICK TOWN, MO.</u> ADDRESS	
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, ashenia, 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 the Colon</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 <u>Wastemiscerotic heart disease</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Parkinson's disease</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>153X</u>	
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 <u>3-26</u> , 19 <u>54</u> , to <u>4-7</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>4-7</u> , 19 <u>54</u> , and that death occurred at <u>10 A.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. E. Carleton, M.D.</u>		23b. ADDRESS <u>Farmington, Mo.</u>	23c. DATE SIGNED <u>4-8-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4/9/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CHRISTIAN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>MADISON Co. MO.</u>
DATE REC'D BY LOCAL REG. <u>Apr. 9, 1954</u>	REGISTRAR'S SIGNATURE <u>Arthur Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Adams</u>	ADDRESS <u>FREDERICK TOWN, MO.</u>

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. X99

working under my personal supervision.

Student Ray G. Farmer
Student Embalmer

Signed Raymond Wilson

Licensed Embalmer No. 4884

P. O. Address Fredricksburg, Va

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.