

FILED DEC 7 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37934

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 9

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Lincoln</u>                           |  | 2. USUAL RESIDENCE (When deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u> |  |
| b. CITY OR TOWN <u>Bedford Township</u>                                 |  | c. CITY OR TOWN <u>Rural Clark Twp</u>   | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) <u>6 Weeks</u>                        |  | e. STREET ADDRESS (If rural, give location) <u>0570</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lincoln Co Memorial Hosp</u> |  |  |  |

|                                     |                          |                      |                        |   |
|-------------------------------------|--------------------------|----------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>August</u> | b. (Middle) <u>H</u> | c. (Last) <u>Vahle</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec I 1954</u> |
|-------------------------------------|--------------------------|----------------------|------------------------|---|

|                    |                               |   |                                      |   |                        |                       |                        |
|--------------------|-------------------------------|---|--------------------------------------|---|------------------------|-----------------------|------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u> | 8. DATE OF BIRTH <u>Sept II 1880</u> | 9. AGE (In years last birthday) <u>74</u> | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Hours | IF UNDER 15 MINS. Min. |
|--------------------|-------------------------------|---|--------------------------------------|---|------------------------|-----------------------|------------------------|

|   |                                   |   |  |
|---|-----------------------------------|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Mella Germany Hoyal</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|---|-----------------------------------|---|--|

|   |   |   |
|---|---|---|
| 13a. FATHER'S NAME <u>Frederick Vahle</u> | 13b. MOTHER'S MAIDEN NAME <u>Fredericke Ruewe</u> | 14. NAME OF HUSBAND OR WIFE <u>Ella Vahle</u> |
|---|---|---|

|   |                                     |  |                        |
|---|-------------------------------------|--|------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Clara Klausmeier Wright</u> | ADDRESS <u>City MO</u> |
|---|-------------------------------------|--|------------------------|

|  |  |  |                                  |
|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxemia</u>  |  | INTERVAL BETWEEN ONSET AND DEATH |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>intestinal obstruction</u><br>DUE TO (c) <u>Adenocarcinoma of colon</u> |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>153 X</u>   |  |  |                                  |

|  |  |  |
|--|--|--|
| 19a. DATE OF OPERATION <u>10-30-54</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Metastatic Carcinoma of descending colon</u> | 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) m. | 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 10-25, 1954 to 12-1, 1954, that I last saw the deceased alive on 12-1, 1954, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

|  |                                |                                 |
|--|--------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Addison Houbert MD</u> | 23b. ADDRESS <u>1 Roy Res.</u> | 23c. DATE SIGNED <u>12-1-54</u> |
|--|--------------------------------|---------------------------------|

|   |                             |  |   |
|---|-----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Dec 4 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Wright City Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Wright City Mo</u> |
|---|-----------------------------|--|---|

|   |   |   |                               |
|---|---|---|-------------------------------|
| DATE REC'D BY LOCAL REG. <u>12-4-54</u> | REGISTRAR'S SIGNATURE <u>Emmema B. Riddle</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Nieburg Furn &amp; Und Co</u> | ADDRESS <u>Wright City Mo</u> |
|---|---|---|-------------------------------|

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

DEC

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 *Julius J. Dieburg*.....

Licensed Embalmer No. *330*.....

P. O. Address *Wright*.....

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.