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FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5408**

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina</u>	c. LENGTH OF STAY (in this place) <u>5 yrs</u>	c. CITY OR TOWN <u>Edina</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gibson Hospital & Clinic</u>		e. STREET ADDRESS (If rural, give location) <u>0520</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Goldie</u> b. (Middle) <u>Cecil</u> c. (Last) <u>Ausmus</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 11, 1955</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH (Month) (Day) (Year) <u>March 28, 1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	9. AGE (In years last birthday) <u>58</u> IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
11. BIRTHPLACE (City and State or Foreign Country) <u>Rutledge, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Owen Swearingen</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Davis</u>		14. NAME OF HUSBAND OR WIFE <u>D. A. Ausmus, Edina, Mo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>0</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>0</u>		17. INFORMANT'S SIGNATURE OR NAME <u>A. D. Ausmus, Edina, Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15-20 days</u> <u>2-3 mo. 1954</u> <u>E960X 1954 46</u>
	ANTECEDENT CAUSES <u>Massive phlebothrombosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Surgery (Laminectomy & Spinal fusion)</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Automobile accident</u>		<u>1952</u>

19a. DATE OF OPERATION <u>11-22-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Multiple vertebral (dorsal) fractures - Cerv. & thoracic was block T12</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <u>Accident 1952</u>	21b. PLACE OF INJURY (to, in or about) <u>Grand Junction, Colo (Rt. 70)</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Grand Junction 705 Colorado</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2-17-55</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile Accident</u>	

22. I hereby certify that I attended the deceased from 2-17-55, 1955, to 2-11-55, 1955, that I last saw the deceased alive on 2-11-55, 1955, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Alban Freitas, D.O.</u> (Degree or title)		23b. ADDRESS <u>Gibson Hosp & Clinic</u>		23c. DATE SIGNED <u>2-13-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 14, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sand Hill</u>	24d. LOCATION (City, town, or county) (State) <u>West of Rutledge, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>Feb. 14 - 55</u>	REGISTRAR'S SIGNATURE <u>Helle S. Hunolt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. D. Ausmus, Edina, Mo</u>	ADDRESS <u>Edina, Mo</u>
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(Printed Emballer's Statement on Reverse Side)

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

20

MAR 3 1955

EMBP

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 *Mrs J. W. Hudson*.....

Licensed Embalmer No. *29*.....

P. O. Address *Edina*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.