

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 5814 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>MORGAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MORGAN</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>RURAL BUFFALO Twp</u> ) c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>HAWCREEK Twp</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>B.T.O.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>21 MILES S.E. STOVER</u>		e. STREET ADDRESS (If rural, give location) <u>1 MILE WEST OF STOVER</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>L Y F O R D</u>	b. (Middle) <u>J</u>	c. (Last) <u>KAUFMAN</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>APRIL 16 1955</u>

5. SEX <u>0</u>	6. COLOR OR RACE <u>MALE WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 9 1902</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>11</u>	IF UNDER 24 HRS. Days <u>7</u>	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CONST.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CHRISTIAN Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>CHARLES KAUFMAN</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA LOU CAMPBELL</u>	14. NAME OF HUSBAND OR WIFE <u>BETTY KAUFMAN</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>510-05-0184</u>	17. INFORMANT'S SIGNATURE OR NAME <u>BETTY KAUFMAN</u>	ADDRESS <u>STOVER MO</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		<u>immediate</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		<u>4201</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)
		<u>Buffalo town Morgan MO.</u>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Eugene N. Bostman 3rd Coroner</u>	23b. ADDRESS <u>Versailles, Mo</u>	23c. DATE SIGNED <u>18-Apr 55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>APRIL 19 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PENNING CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>OSARK MO</u>
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DATE REC'D BY LOCAL REG. <u>April 18-55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Hoar Mo.</u>
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MAR 19 1957

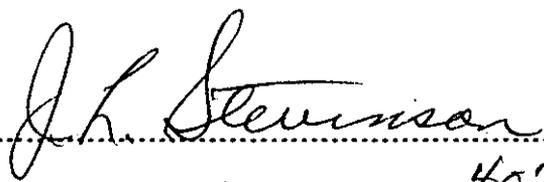
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STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 407

P. O. Address Stover

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.