

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15828

State File No. ....

FILED JUN 13 1955

BIRTH NO. ....		REG. DIST. NO. <u>162</u>		PRIMARY REG. DIST. NO. <u>5595</u>		Registrar's No. <u>156</u>	
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>JEFFERSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>SULPHUR SPRINGS Rock</u>		c. LENGTH OF STAY (In this place) <u>18 YRS.</u>		c. CITY OR TOWN <u>SULPHUR SPRINGS</u>		d. Is Residence within limits of a city or incorporated town? <u>XX</u> No <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>0500</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ELIZABETH</u>		b. (Middle) <u>AYMOND</u>		c. (Last) <u>AYMOND</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 28, 1955</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	
8. DATE OF BIRTH <u>MAY 5, 1878</u>		9. AGE (In years last birthday) <u>77</u>		10. AGE (In years last birthday) If under 1 year: Months Days Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) <u>GERMANY</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		13a. FATHER'S NAME <u>BALZAR RUHL</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA K KOCK</u>		14. NAME OF HUSBAND OR WIFE <u>JOSEPH N. AYMOND, Dec.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JOSEPHINE MOISE, SULPHUR SPRINGS, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Myocarditis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr. Nephritis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <u>Sulphur Springs Jefferson Mo.</u>		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>1950</u> , 19 <u>50</u> , to <u>5/28</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5/27</u> , 19 <u>55</u> , and that death occurred at <u>5/28</u> , 19 <u>55</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>O. Reich, M.D.</u>		(Degree or title)		23b. ADDRESS <u>Imperial Mo</u>		23c. DATE SIGNED <u>5/30/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 31-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. LUCAS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>SAPPINGTON MO.</u>	
DATE REC'D BY LOCAL REG. <u>6-4-55</u>		REGISTRAR'S SIGNATURE <u>Ruth J. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>438</u>		ADDRESS <u>HEILIGTAG FUNERAL HOME, IMPERIAL, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

JUN 8 1955

6561 8 1 1955

JUN 9 1955

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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 *Elmer Halitag*.....

Licensed Embalmer No. 3571

P. O. Address *Imperial*.....

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.