

FILED MAY 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 1108

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>598</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>St. Louis,</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis,</u>				
b. CITY OR TOWN <u>Wellston, Mo.</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>		c. CITY OR TOWN <u>Wellston</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>1575 Valle</u>				STREET ADDRESS (If rural, give location) <u>1575 Valle</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>DORA</u>			b. (Middle) <u>Aunspaugh</u>		c. (Last) <u>Aunspaugh</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>May 14 1955</u>								
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 17, 1875</u>		
9. AGE (in years last birthday) <u>79</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 Mi. Hours		
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>At Home,</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Searcy, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>John Aunspaugh</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No.</u>			16. SOCIAL SECURITY NO. <u>Nil.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fannie Aunspaugh,</u> ADDRESS <u>1575 Valle</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>					MEDICAL CERTIFICATION <u>Wellston, Mo.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebrovascular Accident (old)</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
		DUE TO (c) <u>Malnutrition & Dehydration</u>					? years	
		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 <u>331x</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 <u>5-11</u> , 19 <u>55</u> , to <u>5-14</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5-14</u> , 19 <u>55</u> , and that death occurred at <u>5:15p m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Richard H. King M.D.</u>				23b. ADDRESS <u>601 S. Brentwood, Clayton, Mo.</u>		23c. DATE SIGNED <u>5-14-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-15-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Local</u>		24d. LOCATION (City, town, or county) (State) <u>Searcy, Arkansas</u>		
DATE REC'D BY LOCAL REG. <u>5-16-55</u>		REGISTRAR'S SIGNATURE <u>Herbert H. Parker, MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

m

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....

Signature of Student Embalmer

Signed.....

John J. Haines

Licensed Embalmer No. 411

P. O. Address.....

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