

FILED OCT 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32628**  
Registrar's No. **301**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **5304**

1. PLACE OF DEATH a. COUNTY <b>Cole</b> <i>Osage Swep</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RR # <b>4 Jefferson City</b> c. LENGTH OF STAY (in this place) <b>9 days</b>		c. CITY OR TOWN <b>Jefferson City</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>three miles south Jefferson City</b>		e. STREET ADDRESS (If rural, give location) <b>RR # 2 Highway 54 South</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ANNA</b> b. (Middle) <b>MARGARET</b> c. (Last) <b>KAUFMANN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>October 10 '55</b>		
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5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Sept 5th 1877</b>		9. AGE (In years last birthday) <b>78</b>		if UNDER 1 YEAR Days <b>1</b>		if UNDER 4 HRS. Hours <b>5</b>		if UNDER 15 MIN. Min. <b>-</b>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Honey Creek community Cole County, Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
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13a. FATHER'S NAME <b>Henry Fischer</b>			13b. MOTHER'S MAIDEN NAME <b>Catherine Rank</b>			13c. NAME OF HUSBAND OR WIFE <b>John J. Kaufmann</b>		
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Dr Leon Taylor</b>		ADDRESS <b>Jefferson City, Mo</b>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>331x</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 months</b>  <b>years</b>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **Oct 1**, 19**55**, to **Oct 14**, 19**55**, that I last saw the deceased alive on **Oct 10**, 19**55** and that death occurred at **6:15 A.M.**, from the causes and on the date stated above.

22a. SIGNATURE <b>Dean Doyle</b>		(Degree or title) <b>M.D.</b>		22b. ADDRESS <b>Jefferson City</b>		22c. DATE SIGNED <b>10-11-55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10/12/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Zion Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Cole County, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>11 Oct 1955</b>		REGISTRAR'S SIGNATURE <b>R.P. Davis</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>James Turner</b>		ADDRESS <b>Turner Funeral Home</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0260

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 *Donald J. Freeman*.....

Licensed Embalmer No. *460*.....

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

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.