

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35596

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>30721</u>		Registrar's No. <u>127</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall, Mo.</u>		c. LENGTH OF STAY (in this place) <u>6 Weeks</u>		c. CITY OR TOWN <u>Rural</u>		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 <u>Fitzgibbon Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>1 Mi. East of Blackburn, Mo.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Joseph</u>		b. (Middle) <u>Henry</u>		c. (Last) <u>Auer</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar. 25-1866</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Slater, Missouri</u>		9. AGE (In years last birthday) <u>89</u> If UNDER 1 YEAR Months <u>6</u> Days <u>15</u> If UNDER 24 HRS. Hours <u> </u> Min. <u> </u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Martin Auer</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Alt</u>		14. NAME OF HUSBAND OR WIFE <u>Nellie Curtus Auer</u>	
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Joseph H. Auer-Blackburn, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Bronchiae</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>urinary retention</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>491X</u>				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>Marshall Saline Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u> </u>		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>July</u> , 19 <u>55</u> , to <u>Oct 10</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Oct 10</u> , 19 <u>55</u> , and that death occurred at <u> </u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John R Lawrence M.D.</u>				23b. ADDRESS <u>Marshall, Mo.</u>		23c. DATE SIGNED <u>10-11-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/12/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Blackburn Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Blackburn, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-11-55</u>		REGISTRAR'S SIGNATURE <u>Cecil G. Nease</u>		385-0 DEPUTY <u>J. Leach</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Swain, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 25 1951

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. 328

P. O. Address M. Ambler

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.