FILED MAR 27 1956

STANDARD CERTIFICATE OF DEATH

State File No. 1956

BIRTH NO. _____ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 4550 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY: Worth
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sheridan
c. LENGTH OF STAY (In this place): 15 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Worth
c. CITY OR TOWN: Sheridan
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 1130

3. NAME OF DECEASED (Type or Print)
a. (First): Bert
b. (Middle): William
c. (Last): Auten

4. DATE OF DEATH (Month) (Day) (Year): March 1, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: October 15, 1906
9. AGE (In years last birthday): 49
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Deliveryman
10b. KIND OF BUSINESS OR INDUSTRY: Petroleum Products
11. BIRTHPLACE (City and State or Foreign Country): Sheridan, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S.
13a. FATHER'S NAME: Orvandal Auten
13b. MOTHER'S MAIDEN NAME: Rachael Ann Foster
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 491-22-6757
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Pete Auten - Grant City, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Gunshot wound, leftside of chest — INTERVAL BETWEEN ONSET AND 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: 976 x
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Sheridan Worth Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3 1 1956 @6am m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: self inflicted by shotgun

22. *I hereby certify that I attended the deceased from* ---------- *19*---, *to* ---------- *19*---, *that I last saw the deceased alive on* ---------- *19*---, *and that death occurred at* @ 6 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank B. Patterson M.D. Coroner
23b. ADDRESS: Grant City, Mo
23c. DATE SIGNED: 3-2-56
24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 3-3-1956
24c. NAME OF CEMETERY OR CREMATORY: Luteston Cemetery
24d. LOCATION (City, town, or county) (State): Worth County, Missouri

DATE REC'D BY LOCAL REG.: 3-19-1956
REGISTRAR'S SIGNATURE: Nora E. Dawson
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Arch C. Kimble, Mt Ayr, Iowa

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 3 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... Jack C. Dunfe

Licensed Embalmer No.. 3.

P. O. Address Mt ayr

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