

FILED JUN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15734
State File No.

BIRTH NO.		REG. DIST. NO. <u>49</u>		PRIMARY REG. DIST. NO. <u>5175</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH a. COUNTY <u>CAMDEN 0150</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>CAMDEN</u>			
b. CITY OR TOWN <u>MACKS CREEK</u>		c. LENGTH OF STAY (In this place) <u>4 YRS.</u>		c. CITY OR TOWN <u>MACKS CREEK</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RURAL Russell Twp</u>				e. STREET ADDRESS (If rural, give location) <u>RURAL</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JOHNSON</u>		b. (Middle) <u>AUBERT</u>		c. (Last) <u>AUBERT</u>	
4. DATE OF DEATH		(Month) <u>MAY</u>		(Day) <u>29</u>		(Year) <u>1956</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Oct. 28, 1873</u>	9. AGE (In years last birthday) <u>82</u>	Months <u>7</u>	Days <u>1</u>	UNDER 14 Hrs. <u>0</u> Mins. <u>0</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>Retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson County, Neb.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Geo. Aubert</u>		13b. MOTHER'S MAIDEN NAME <u>ELECTA BELLE</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. GEORGIA SHIMICE MACKS CREEK</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>Carcinoma of the Liver</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>1561</u>	
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) (Min.)		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>May 1, 1956</u> , to <u>May 25, 1956</u> , that I last saw the deceased alive on <u>May 21, 1956</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. O. Bailey</u>		23b. ADDRESS <u>Wichita, Mo.</u>		23c. DATE SIGNED <u>May 31/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>5/31/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cape</u>		24d. LOCATION (City, town, or county) <u>Cape Girardeau</u>	
DATE REC'D BY LOCAL REG. <u>5-31-56</u>		REGISTRAR'S SIGNATURE <u>Alde R. Eldred</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. B. JONES</u>		ADDRESS <u>Fun Home Buffalo, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *Gene P. Hunter*

Licensed Embalmer No. *473*

P. O. Address *Buffalo*

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