

FILED MAR 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3729

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clinton			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Joseph		c. LENGTH OF STAY (in this place) 2 weeks		c. CITY OR TOWN Hempfle		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOLLAND NURSING HOME 1309 North 10th. St.				e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Hattie			b. (Middle) ---		c. (Last) Aughinbaugh		4. DATE OF DEATH (Month) (Day) (Year) 3/6/1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2/7/1873	9. AGE (in years last birthday) 84	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) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Clinton Co. Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ruben Kerns			13b. MOTHER'S MAIDEN NAME Mary Boyer		14. NAME OF HUSBAND OR WIFE Leonard Aughinbaugh		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leonard Aughinbaugh, Hempfle, Mo.			
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) Cerebral emboli (multiple) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aortic aneurysm DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 weeks 5+ years 5+ years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 451 X				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) 5			
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>June</u> , 19 <u>55</u> , to <u>Mar. 6</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Feb. 19</u> , 19 <u>57</u> , and that death occurred at <u>2:10 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE P.T. Luckenill MD (Degree or title)				23b. ADDRESS Plattsburg, Mo.		23c. DATE SIGNED Mar. 6, 1957	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 9/57		24c. NAME OF CEMETERY OR CREMATORY Independence Cmty.		24d. LOCATION (City, town, or county) (State) Dekalb Co. Mo.	
DATE REC'D BY LOCAL REG. Mar 7, 1957		REGISTRAR'S SIGNATURE Cather M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.E. Summerfield, Stewartville Mo			

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

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MS OCT 21 1960

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 *W.E. Summerfield*

Licensed Embalmer No. *3007*

P. O. Address *Stewartville*

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.