

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12450

STATE FILE NUMBER

FILED MAY 1 - 1957

Registration District No. 59

Primary Registration District No. 5219

Registrar's No. 60

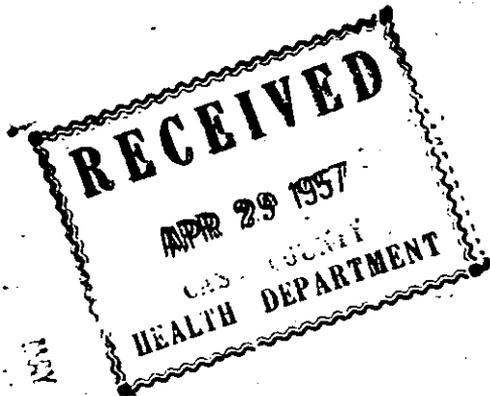
1. PLACE OF DEATH a. COUNTY Cass			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cass		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Camp Branch Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Garden City		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at the home		Length of stay in 1b 17 years	d. STREET ADDRESS (If outside, give location) 6 miles west		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Vernon Middle Franklin Last Kauffman			4. DATE OF DEATH Month 25 Day 1957 Year		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 6, 1909		9. AGE (In years last birthday) 47
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Garden City, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Franklin P. Kauffman			14. MOTHER'S MAIDEN NAME Lydia King		
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. 490-42-4969	17. INFORMANT Mrs. Roberta Kauffman Address Garden City, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Coronary Insufficiency DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH Sudden
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Feb to 1948 and last saw her alive on 4-23-57 Death occurred at 12 52 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Edward S. Jones MD (Degree or title)			22b. ADDRESS Harrisonville Mo		22c. DATE SIGNED 4-26-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-27-1957	23c. NAME OF CEMETERY OR CREMATORY Garden City Cemetery		23d. LOCATION (City, town, or county) (State) Garden City, Missouri
24. FUNERAL DIRECTOR Atkinson-Ridley - Garden City, Mo. ADDRESS			25. DATE RECD. BY LOCAL REG. April 27 1957		26. REGISTRAR'S SIGNATURE Dora Barnard

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, & Welfare Public Service
S. 300
v. 1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Securely the medical certification in this special nomenclature required by 1953-1956 memo 1747.

H 57-0



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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 *Riley J. Heitz*

Licensed Embalmer No. *468*

P. O. Address *Hardman City*

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.