

FILED APR 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

137735
State File No.

BIRTH NO.		REG. DIST. NO. <u>168</u>		PRIMARY REG. DIST. NO. <u>#25P</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>Knox</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Knox</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina</u>		c. LENGTH OF STAY (in this place) <u>5 yrs</u>		c. CITY OR TOWN <u>Edina</u>		d. Residence within limits of a city or incorporated town? Yes ☐ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence of daughter</u>				f. STREET ADDRESS (If rural, give location) <u>0520</u>			
3. NAME OF DECEASED (Type or Print) <u>JENNET</u>		a. (First)		b. (Middle) <u>AUSMUS</u>		c. (Last)	
4. DATE OF DEATH <u>Apr. 14, 1957</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>23 Jan 1895</u>		9. AGE (in years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Grinnell, Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Hunter</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Cewe</u>		14. NAME OF HUSBAND OR WIFE <u>Dave Ausmus</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>498366695</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs James Gibbons</u>		ADDRESS <u>Edina, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of colon with metastases to the liver and lung</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>2 yrs</u>			
19a. DATE OF OPERATION <u>July 1956</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cancer of colon</u>				20. AUTOPSY? <u>2</u> YES ☐ NO ☒	
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) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>April 14th 1957</u> , to <u>April 14th 1957</u> , that I last saw the deceased alive on <u>April 14th 1957</u> , and that death occurred at <u>9:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Francis Tarrydar M.D.</u>				23b. ADDRESS <u>Edina, Missouri</u>		23c. DATE SIGNED <u>April 16th 1957</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>16 Apr 57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Locust Hill cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Knox County, Mo</u>	
DATE REC'D BY LOCAL REG. <u>April 17-57</u>		REGISTRAR'S SIGNATURE <u>W. J. Harnett</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Harnett</u>		ADDRESS <u>Edina, Mo</u>	

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

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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 A. G. Timmer, Student Embalmer No. 544
working under my personal supervision.

Student A. G. Timmer
Signature of Student Embalmer

Signed Mrs. J. W. Hudson
Licensed Embalmer No. 2972

P. O. Address Edina, Minn.

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.