

Health,
Welfare
Public
Service

FILED OCT 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34618

STATE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 175

300
-57

| | | | |
|--|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Wenon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before Admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u> | | c. CITY OR TOWN <u>El Dorado Spgs.</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>City Hospital 1 Day</u> | | d. STREET ADDRESS <u>Rt. # 2</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Henry</u> Middle <u>Kaufman</u> Last <u>Kaufman</u> | | 4. DATE OF DEATH Month <u>10</u> - Day <u>1</u> - Year <u>57</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Feb. 8, 1866</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) | | 11. BIRTHPLACE (City and state or country) | 12. CITIZEN OF WHAT COUNTRY? |
| <u>Retired Farmer</u> | | <u>Maryland</u> | <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Jacob Kaufman</u> | | 13b. MOTHER'S MAIDEN NAME <u>Susan Miller</u> | 14. NAME OF HUSBAND OR WIFE <u>Oliver Kaufman</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | |
| 17. INFORMANT <u>Oliver Kaufman - Rt. 2 - El Dorado</u> | | Address <u>Rt. 2 - El Dorado</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart disease</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Bronchial Asthma</u> | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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.) <u>4200</u> | |
| 20c. TIME OF INJURY Hour _____ 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 <u>Aug 1957</u> to <u>10-1-57</u> and last saw him alive on <u>9-30-57</u> Death occurred at <u>5:00 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Robert L. Mager M.D.</u> | | 22b. ADDRESS <u>El Dorado Springs, Mo.</u> | |
| 22c. DATE SIGNED <u>10-3-57</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) |
| <u>Burial</u> | <u>10-4-57</u> | <u>Virgil City Cemetery Wenon Co., Mo.</u> | <u>Wenon Co., Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Levin Carothers - El Dorado Spgs., Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>10-5-1957</u> | |
| | | 26. REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u> | |

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

(Registered Embalmer's Statement on Reverse Side)

JAN 23 1958

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 *May W. Dickering*

Licensed Embalmer No. *4696*

P. O. Address *El Dorado*

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.