

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006151
STATE FILE NUMBER

FILED FEB 24 1958

Registration District No. 157 Primary Registration District No. 4247 Registrar's No. 42

Health, Welfare
Public
Service

300
7-56

0490
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jasper		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Jasper		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fifth Street			Length of stay in lb 70 years			d. STREET ADDRESS (If outside, give location) Fifth Street	
3. NAME OF DECEASED (Type or print) First James Middle Henry Last Kauffman				4. DATE OF DEATH Month Feb. Day 10, Year 1958			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 25, 1870	
9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		IF UNDER 24 HRS. Hours 0 Min. 0		11. BIRTHPLACE (City and state or country) Lima, Ohio	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Agriculture		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Tobias Kauffman				14. MOTHER'S MAIDEN NAME Jemima Miller			
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.		17. INFORMANT Address Miss Elsie Kauffman, Jasper, 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) Heart Bloc. Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) _____ 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	
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.) 4201				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month _____ Day _____ Year _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21. I attended the deceased from 1-1-1956 to 2-10-58 and last saw her/him alive on 2-10-58 Death occurred at 12-0-p on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) W. H. Knott M.D.				22b. ADDRESS Jasper, Mo.		22c. DATE SIGNED 2-11-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 12, 1958		23c. NAME OF CEMETERY OR CREMATORY Paradise Cemetery		23d. LOCATION (City, town, or county) (State) Jasper County, Mo.	
24. FUNERAL DIRECTOR Martin Selvey ADDRESS Jasper, Mo.			25. DATE RECD. BY LOCAL REG. 2-12-58		26. REGISTRAR'S SIGNATURE W. H. Knott		

County Health Office
County File Number 58-2-179
Date Filed FEB 19 1958

MAY 31 1962

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 *George W. Newcomb*
.....
Licensed Embalmer No. *46*

P. O. Address *Lochwood*
.....

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