

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012824

STATE FILE NUMBER

FILED APR 9 1958

Registration District No. 322 Primary Registration District No. 3071 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) Slater		c. CITY OR TOWN Slater	
c. FULL NAME OF (If NOT in hospital, give location) No		d. STREET ADDRESS 417 Morse St.	

3. NAME OF DECEASED (Type or print) First Middle Last William Stephen Auer			4. DATE OF DEATH Month Day Year March 26 1958		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May, 25--1864		9. AGE (In years last birthday) 93
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) Saline County, Mo	

13a. FATHER'S NAME Martin Auer		13b. MOTHER'S MAIDEN NAME don't know		14. NAME OF HUSBAND OR WIFE XXXXXXXXXXXX	
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 Address Mrs. Lila Gluck, Slater, 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) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 6 mos
DUE TO (b) Arteriosclerosis		
DUE TO (c) Institutional Hypertension		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 594X		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.) 0		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					

20d. INJURY OCCURRED WHILE AT <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 Sept 15 1957 to Sept 16 1957 and last saw her alive on Sept 16 1957 Death occurred at 2:00 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. L. Edwards		22b. ADDRESS Slater Mo		22c. DATE SIGNED 3/28/58	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/29/1958		23c. NAME OF CEMETERY OR CREMATORY City Cemetery	
				23d. LOCATION (City, town, or county) Slater, Mo.	

24. FUNERAL DIRECTOR Hill Brothers		ADDRESS Slater, Mo		25. DATE RECD. BY LOCAL REG. 3/29/58	
				26. REGISTRAR'S SIGNATURE Mrs. Earl C. Metz	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All deaths must be reported to the health officer within 24 hours. No symptoms will be listed.

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, ~~only~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Sam M. Hill*

Licensed Embalmer No. *1292*

P. O. Address *Slater M*

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.