

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021743
STATE FILE NUMBER

FILED JUN 17 1958

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE. (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>	
b. CITY OR TOWN <u>West Plains</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>508 Worcester</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If not in hospital, give location) <u>Steel Nosp</u> Length of stay in 1b <u>45</u>		d. STREET ADDRESS <u>West Plains</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Francis G.</u> Middle <u>Auffert</u> Last <u>Auffert</u>		4. DATE OF DEATH Month <u>6</u> Day <u>6</u> Year <u>58</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>6-6-1888</u>
9. AGE (In years last birthday) <u>69</u>		10. FUNDING YEAR <u>11</u> Months <u>10</u> Days <u>10</u> Hours <u>10</u> Min. <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired bracon maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Huntingburg</u>	
11. BIRTHPLACE (City and state or country) <u>USA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Geo. Auffert</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Witte</u>	
13c. NAME OF HUSBAND OR WIFE <u>Violet Auffert</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
15. SOCIAL SECURITY NO. <u>1</u>		16. INFORMANT <u>Violet Auffert, West Plains, Mo</u>	
17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Port - operative</u> DUE TO (c) <u>Prostatectomy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>2 days</u> <u>2 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)	
20c. TIME OF INJURY Hour <u>6-1-58</u> Month, Day, Year <u>6-6-58</u>		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.) <u>5104 in</u>		20f. CITY, TOWN, OR LOCATION <u>West Plains</u> COUNTY <u>Warren</u> STATE <u>Mo</u>	
21. I attended the deceased from Death occurred at <u>5104 in</u> to <u>6-6-58</u> and last saw her alive on <u>6-6-58</u>		22a. SIGNATURE <u>Dr. B. Stoll M.D.</u> (Degree or title)	
22b. ADDRESS <u>West Plains, Mo</u>		22c. DATE SIGNED <u>6-11-58</u>	
23a. BURIAL CREMATION REMOVAL (Specify) <u>6-8-58</u>		23b. NAME OF CEMETERY OR CREMATORY <u>East Lawn</u>	
23c. LOCATION (City, town, or county) <u>West Plains</u>		23d. (State) <u>Mo</u>	
24. FUNERAL DIRECTOR <u>Kabert's West Plains</u>		25. DATE RECD. BY LOCAL REG. <u>6-13-58</u>	
26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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

A. D. Roberts

Licensed Embalmer No. *3437*

P. O. Address *West Hall*

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.