

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028244

STATE FILE NUMBER

FILED AUG 18 1958		Registration District No. 42		Primary Registration District No. 1000		Registrar's No. 849	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		Inside Limits Yes ☒ No ☐		c. CITY OR TOWN <u>Savannah</u>		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. Methodist Hosp.</u>		Length of stay in lb <u>1 hr</u>		d. STREET ADDRESS (If outside, give location) <u>4141 N.W. Savannah</u>		Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>Carl</u> Last <u>Aebersold</u>				4. DATE OF DEATH Month <u>Aug</u> Day <u>6</u> Year <u>1958</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH <u>Dec. 14, 1888</u>	
9. AGE (In years last birthday) <u>69</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Andrew County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13. FATHER'S NAME <u>Louis Aebersold</u>			
14. MOTHER'S MAIDEN NAME <u>Lizzie Magg</u>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>			
16. SOCIAL SECURITY NO. <u>493-42-3598</u>				17. INFORMANT <u>Walter Aebersold, Savannah</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>Crushing injury to chest and fracture both fore arms and severe laceration Rt fore arm</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>912/3</u> DUE TO (c) <u>912/3</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>912/3</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> <u>1 hr</u> <u>1 hr</u>
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Tractor turned over on him</u>					
20c. TIME OF INJURY Hour <u>11</u> a. m. <u>8-6-58</u>		20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>4 mi</u>		20f. CITY, TOWN, OR LOCATION <u>Andrew Co</u>		COUNTY <u>Mo</u>		STATE	
21. I attended the deceased from <u>6-8-48</u> to <u>8-6-58</u> and last saw him alive on <u>8-6-58</u> Death occurred at <u>1:05 P. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Robert Aebersold</u>				22b. ADDRESS <u>Savannah Mo</u>		22c. DATE SIGNED <u>8-8-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-9-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Savannah City Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Savannah, Mo.</u>	
24. FUNERAL DIRECTOR <u>Wm A Rich, Savannah, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>aug 9, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Mr. Clark Handley</u>	

(Licensed Embalmer's Statement on Reverse Side)

AUG 19 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 _____

Licensed Embalmer No. 471

P. O. Address Savannah

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.