

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029803
STATE FILE NUMBER

FILED AUG 18 1958

Registration District No. 237

Primary Registration District No. 3048

Registrar's No. 150

300
1-57
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1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Skidmore Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Francis Hosp		Length of stay in 1b 5 days	d. STREET ADDRESS (If outside, give location) 8 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ROBERT Middle D Last KAUFMAN			4. DATE OF DEATH Month 8 Day 5 Year 1958
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8 18 1884
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret farmer		9b. KIND OF BUSINESS OR INDUSTRY Farming	9c. AGE (In years at birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9d. FUNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Maitland, Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Levi Kaufman		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Mrs Edith Kaufman		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT Address Mrs Edith Kaufman, Skidmore, 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) apoplexy + arteriosclerosis DUE TO (b) & coronary occlusion DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 334X			INTERVAL BETWEEN ONSET AND DEATH 6 days 46 days
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 _____ 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 8/5/58 to 8/15/58 and last saw him alive on 8/14/58 Death occurred at St Francis Hosp on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) H. Bauman M.D.		22b. ADDRESS 1218 Main Maryville	
22c. DATE SIGNED 8/18/58		23. NAME OF CEMETERY OR CREMATORY Maitland Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 8/7/1958	
23c. NAME OF CEMETERY OR CREMATORY Maitland Cemetery		23d. LOCATION (City, town, or county) (State) Maitland, Mo	
24. FUNERAL DIRECTOR M. L. ...		25. DATE RECD. BY LOCAL REG. 8/15/58	
26. REGISTRAR'S SIGNATURE Bess		27. (Licensed Embalmer's Statement on Reverse Side)	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

The Emballer

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 *G. M. Alkerson*

Licensed Embalmer No. *2379*
P. O. Address *Marysville*

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.