

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031564
STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 370 Primary Registration District No. 6351 Registrar's No. 102

300
1-57

1. PLACE OF DEATH a. COUNTY Wayne		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wappapello Twmsp		c. CITY OR TOWN Poplar Bluff	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lake Wappapello		d. STREET ADDRESS (If outside, give location) So. Broadway	

3. NAME OF DECEASED (Type or print) First Vera Middle Patricia Last Kauffman	4. DATE OF DEATH Month Aug. Day 19, Year 1958
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5. SEX Female	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 Aug. 24, 1924	9. AGE (In years last birthday) 33	10. FUNDER 1 YEAR Months 0 Days 124	11. IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown	10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (City and state or country) Des Moines, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Ralph Julius Madsen	13b. MOTHER'S MAIDEN NAME Evelyn Goodman	14. NAME OF HUSBAND OR WIFE Unknown
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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. 364-30-3427	17. INFORMANT Evelyn Balla, Poplar Bluff, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation		INTERVAL BETWEEN ONSET AND DEATH Unknown
DUE TO (b) Drowning		
DUE TO (c) 850X		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 42		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) Boat accident
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20c. TIME OF INJURY 2:45 a.m. Aug 19-1958	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, tug, etc.) Wappapello Lake	20f. CITY, TOWN, OR LOCATION Wappapello	COUNTY Wayne	STATE Mo.
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21. I attended the deceased from _____, to _____, and last saw her alive on _____
Death occurred at **2:45 A.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Maurice E. Bowler, Coroner	(Degree or title) 3	22b. ADDRESS Padmont, Mo	22c. DATE SIGNED Aug 22-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-21-58	23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	23d. LOCATION (City, town, or county) Poplar Bluff, Mo.
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24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. Aug. 26, 1958	26. REGISTRAR'S SIGNATURE Hetta M. Zward
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

175
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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.

Not Embalmed

Student _____
Signature of Student Embalmer

Signed *Glover W. Green*
Licensed Embalmer No. *2966*
P. O. Address *Poplar Bluff*

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.