

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033924
STATE FILE NUMBER

FILED SEP 23 1958

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 354

S. 300
1-57

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Flat River		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Flat River
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb	d. STREET ADDRESS 514 Taylor Ave.
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First ADDA Middle B. Last AUFRICHT			4. DATE OF DEATH Sept 19, 1958 Month Day Year	
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5. SEX female	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-31-1865	9. AGE (In years last birthday) 93 IF UNDER 1 YEAR Months 3 Days 18 IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, given if retired) Retired Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Princeton, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Eli Mullinax	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Theodore Aufricht
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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. none	17. INFORMANT Address Olin Prichard Flat River, Mo.
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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) mesenteric thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) arterio sclerosis	
	DUE TO (c) 4500	
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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
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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
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21. I attended the deceased from **Jan 24 58** to **Sept 19 58** and last saw her alive on **Sept 19 58**
Death occurred at **11 AM** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H Applenberg MD (Degree or title)	22b. ADDRESS Rivermines, Missouri	22c. DATE SIGNED 9/19/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept-21-58	23c. NAME OF CEMETERY OR CREMATORY Princeton Cemetery	23d. LOCATION (City, town, or county) (State) Princeton, Mo.
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24. FUNERAL DIRECTOR Murphy L. Sparks Flat River, Mo.	25. DATE RECD. BY LOCAL REG. Sept. 19, 1958	26. REGISTRAR'S SIGNATURE Esther Rudloff
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

8961 2 T 100

STATE OF TEXAS

DEPARTMENT OF HEALTH

EMERALD STATE

X

DEPARTMENT OF HEALTH

X

DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH

STATE OF TEXAS

DEPARTMENT OF HEALTH

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DEPARTMENT OF HEALTH

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DEPARTMENT OF HEALTH

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 *Murphy Sparks* Licensed Embalmer No. 4236

P. O. Address *Flattin, TX*

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.