

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041062

STATE FILE NUMBER

755 10-58
FILED DEC 9 1958
Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 176

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) Waynesville, Mo.		c. CITY OR TOWN Richland, Missouri	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Way. Gen. Hosp.		d. STREET ADDRESS (If outside, give location) None. Rural Rt #	
Length of stay in lb 30 Min.		Reside on Farm Yes ☒ No ☐	

3. NAME OF DECEASED (Type or print)	First Brickford	Middle Curtis.	Last Aulbach	4. DATE OF DEATH Month Nov. Day 22, Year 1958
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5. SEX Male	6. COLOR OR RACE White.	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH October 21, 1958	9. AGE (In years last birthday) 1 Year 1 Month 1 Day	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -----	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Waynesville, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Edward J. Aulbach	13b. MOTHER'S MAIDEN NAME Judy Wellner.	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None.	17. INFORMANT Mrs. Harry Newcomer Address Richland, 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) Cerebral hemorrhage DUE TO (b) traumatic skull fracture DUE TO (c) ----- Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 1 hr. 1 hr.
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 ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) automobile accident
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20c. TIME OF INJURY Hour a.m. p.m.	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.)	20f. CITY, TOWN, OR LOCATION Richland	COUNTY Missouri	STATE Missouri
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21. I attended the deceased from 11-22-58 to 11-22-58 and last saw him alive on 11-22-58 Death occurred at 9:00 P on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. E. Hughes (Degree or title)	22b. ADDRESS Waynesville, Missouri	22c. DATE SIGNED 11-28-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 25/58	23c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery	23d. LOCATION (City, town, or country) Richland, Missouri	(State)
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24. PLACE OF DEATH Hedges Funeral Home Richland, Mo	25. DATE RECD. BY LOCAL REG. 11-28-58	26. REGISTRAR'S SIGNATURE Gula Mae Anderson
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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

Clarence Mose

Licensed Embalmer No. *4896*

P. O. Address *Waynesville, N.C.*

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.