

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003144

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **959**

FILED FEB 10 1959

Death, Welfare, Public Service, 32, 45, 300, 1-56, 0, All symptoms will be listed. No symptoms will be listed. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY JEFF.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN De Soto Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKES HOSP.		Length of stay in 1b 6 WKS.	d. STREET ADDRESS (If outside, give location) RT. #2 PETER MOORE LANE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last AMELIA EMILY KAUFMAN			4. DATE OF DEATH Month Day Year JAN. 25 1959		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 1 1882		9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) De Soto Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME FRED WAPPLER			14. MOTHER'S MAIDEN NAME FREDRICKA LANE		
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. —	17. INFORMANT Address LUCILLE MILLER De Soto Mo. RT. #2		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Branch. pneumonia, malnutrition, anemia, arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Recurrent of carcinoma of cervix uteri	
	DUE TO (c) 171X	
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"/> 2

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 Month, Day, Year a. m. p. m.		
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 bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12/13/58 , to 1/25/59 and last saw her alive on 1/25/59 Death occurred at 2:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) D. V. 7 Hebs	22b. ADDRESS 221 W. 457 N. 1 Kingshighway	22c. DATE SIGNED 1/27/59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JAN. 28 1959	23c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY	23d. LOCATION (City, town, or county) (State) De Soto Mo.
24. FUNERAL DIRECTOR ADDRESS D. B. DIRTRICH De Soto Mo.		25. DATE RECD. BY LOCAL REG. JAN 28 '59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

8261 71 100

200

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 *J. B. Dietrich*

Licensed Embalmer No. *410*

P. O. Address *Detroit*

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.