

# FILED VS. AUG 10 1959

## DEATH - STANDARD CERTIFICATE OF DEATH

### 59-024924

Registration District No. 5546

Primary Registration District No. 67

Registrar's No. 67

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Howard</u> b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Franklin Twp.</u> OR TOWN <u>Franklin Twp.</u> Length of stay in lb <u>3 weeks</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at home</u> Inside Limits - Yes <input type="checkbox"/> No <input type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u> c. CITY OR TOWN <u>Parnell</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>at home</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First <u>John</u> Middle <u>G.</u> Last <u>Auffert</u>			<b>4. DATE OF DEATH</b> Month <u>August</u> Day <u>2</u> Year <u>1959</u>				
<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>12/24/76</u>	<b>9. AGE (last birthday)</b> <u>82</u>	<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Farm owner</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Ferdinand, Indiana</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U. S.</u>		
<b>13a. FATHER'S NAME</b> <u>Boni Auffert</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Anna Kanaugh</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>George Auffert</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT</b> <u>Franklin R. F. D.</u>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Pulmonary Edema</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Generalized Carcinomatosis</u> DUE TO (b) <u>Carcinoma Pancreas</u> DUE TO (c) <u>Known 30 days</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)			
<b>20c. TIME OF INJURY</b> Hour <u>9:05</u> a.m. p.m. Month, Day, Year <u>August 2, 1959</u>		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>					
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b> <u>Mo.</u> <b>STATE</b>			
<b>21. I attended the deceased from</b> <u>July 15, 1959</u> <b>to</b> <u>August 2, 1959</u> <b>and last saw her/him alive on</b> <u>August 2, 1959</u> <b>Death occurred at</b> <u>9:05 PM</u> <b>on the date stated above, and to the best of my knowledge, from the causes stated.</b>							
<b>22a. SIGNATURE</b> <u>E. I. Humphreys M.D.</u> (Degree or title)			<b>22b. ADDRESS</b> <u>Boonville, Mo.</u>		<b>22c. DATE SIGNED</b> <u>Aug 3, 1959</u>		
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Removal</u>		<b>23b. DATE</b> <u>8/3/59</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Maryville</u>			
<b>24. FUNERAL DIRECTOR</b> <u>Goodman &amp; Boller</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>Aug 3, 1959</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Katherine Welch</u>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*William W. Wood*

Licensed Embalmer No. 4539

P.O. Address Boonville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.