

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011871

FILED VS MAR 21 1960

STATE FILE NUMBER

Registration District No. 231 Primary Registration District No. 4348 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Wellsville,</u>		Length of stay in 1b	c. CITY OR TOWN <u>Wellsville</u> Inside Limits <input type="checkbox"/> <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>300 Washington</u>		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>300 Washington</u> Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>FRANK</u> Middle <u>NICKALAS</u> Last <u>KAUFMAN</u>			4. DATE OF DEATH Month <u>March</u> Day <u>14</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/5/1898</u>	9. AGE (last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>9</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Brick Plant</u>	11. BIRTHPLACE (City and state or country) <u>Jefferson City, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Joseph Kaufman</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Louis LUTZ</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Mae Kaufman</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>493-10-0625</u>	17. INFORMANT <u>Mrs. Gary Alderson, Middletown Mo</u>
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>Congestive Heart failure</u>	<u>2 mos,</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Paralytic.</u>	<u>2 Year</u>
	DUE TO (c)	

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
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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.)
20c. TIME OF INJURY Hour <u> </u> Month, Day, Year <u> </u> a.m. <u> </u> p.m. <u> </u>	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 Home for 59 to March 14, 1960 and last saw her alive on March 14, 1960
Death occurred at March 14, 1960 A P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Willis H. Wells D.O.</u>	22b. ADDRESS <u>Wellsville Mo.</u>	22c. DATE SIGNED <u>3/16/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3/17/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wellsville</u>
		23d. LOCATION (City, town, or county) <u>Wellsville, Mo</u>

24. FUNERAL DIRECTOR <u>K B. Wells, Wellsville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Mar. 18. 1960</u>	26. REGISTRAR'S SIGNATURE <u>Laura B Callaway</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

OCT 8 1934

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 Howard Myers

Licensed Embalmer No. 4495

P. O. Address Wellsville, Mo.

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.