

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-030254

FILED VSP AUG 29 1960

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 882 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in 1b 58 YRS.	c. CITY OR TOWN SPRINGFIELD 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. JOHN'S HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ROUTE # 8 BOX # 840 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First HERMAN Middle L. Last KAUFFMAN			4. DATE OF DEATH Month AUG. Day 21 Year 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/19/02	9. AGE (last birthday) 58	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY GREENE COUNTY, MO.		11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME STANLEY KAUFFMAN		13b. MOTHER'S MAIDEN NAME EMMA MOORE		14. NAME OF HUSBAND OR WIFE EDITH L. KAUFFMAN		
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 EDITH L. KAUFFMAN RT # 8 SPFLD. MO.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchogenic carcinoma, inoperable, left lung		INTERVAL BETWEEN ONSET AND DEATH 4 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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	
---	--	--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. Month, Day, Year _____	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 5-2-60 , to 8-21-60 and last saw him ^{xxx} alive on 8-21-60 Death occurred at 9:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <i>John W. Pote, M.D.</i> (Degree or title)		22b. ADDRESS 315 Prof. Bldg. Springfield, Missouri		22c. DATE SIGNED 8/23/60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE AUG. 23, 60	23c. NAME OF CEMETERY OR CREMATORY HAZELWOOD CEMETERY	23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI	
24. FUNERAL DIRECTOR ADDRESS H. H. LOHMEYER FUNERAL HOME SPRINGFIELD, MO.		25. DATE RECD. BY LOCAL REG. 8-26-60	26. REGISTRAR'S SIGNATURE <i>Effie S. Melton</i>	

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *W. L. McCarroll*

Licensed Embalmer No. 2727

P. O. Address *Springfield*

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.