...RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

...LED VS NOV 14 1960

-60-037862

STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 5309 Registrar's No. 160

1. PLACE OF DEATH a. COUNTY: Cooper	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Boonville TWP — Length of stay in 1b:	c. CITY OR TOWN: Columbia — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Highway 70 — Inside Limits: Yes ☐ No ☑	d. STREET ADDRESS (If outside, give location): 110 Meadow Lane — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print)	First: ELIZABETH	Middle: ANN	Last: AUFILL	4. DATE OF DEATH: Month November, Day 4, Year 1960
5. SEX: Female	6. COLOR OR RACE: White	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 7-10-1945	9. AGE (last birthday): 15 — 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): Student	10b. KIND OF BUSINESS OR INDUSTRY: Student	11. BIRTHPLACE (City and state or country): Topeka, Kansas	12. CITIZEN OF WHAT COUNTRY: U.S.A.	
13a. FATHER'S NAME: Eugene C. Aufill	13b. MOTHER'S MAIDEN NAME: Mary M. Swank	14. NAME OF HUSBAND OR WIFE: —		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —	16. SOCIAL SECURITY NO.: —	17. INFORMANT: Eugene C. Aufill, Address: Columbia, Missouri		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Massive hemmorrhage; shock — INTERVAL BETWEEN ONSET AND DEATH: 3 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Fracture skull

DUE TO (c): All due to violence

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. ☐ Yes ☑ No ☐ Unknown

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.) Crushing injury to head in Auto wreck

20c. TIME OF INJURY: Hour ~~a.m.~~ p.m. about 4 — Month, Day, Year: 11 4 60

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.): State Hwy 135 — 20f. CITY, TOWN, OR LOCATION: 6 miles west Boonville — COUNTY: Cooper — STATE: Mo

21. I attended the deceased from No attendance and last saw her/him alive on ____

Death occurred at about 4:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M L Dieckraeger M D Coroner — 22b. ADDRESS: Boonville Mo — 22c. DATE SIGNED: 11/6/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11-7-1960	23c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery	23d. LOCATION (City, town, or county) (State): Carrollton, Missouri
24. FUNERAL DIRECTOR — ADDRESS: Parker Funeral Service, Columbia, Mo.		25. DATE RECD. BY LOCAL REG.: 11/6/60	26. REGISTRAR'S SIGNATURE: D E Hooper

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

...ICAL CERTIFICATION

DEC 6 030

FEB 17 1964

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 J. W. Phillips

Licensed Embalmer No. 4897

P. O. Address Columbus 9

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