

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014301

STATE FILE NUMBER

AMENDED

Registration District No. 174Primary Registration District No. 3035Registrar's No. 31

FILED MAY 2 1961

1. PLACE OF DEATH

a. COUNTY

Lafayette

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Lafayette

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Lexington

Length of stay in 1b

25 days

c. CITY
OR
TOWN Higginsville

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Memorail

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)

17 West 23rd.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ARCH

AUFENKAMP

4. DATE
OF
DEATH

Month

Day

Year

April 8

1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

May 8-1892

9. AGE (last birthday)

68

IF UNDER 1 YEAR

Months

Days

Hours

Min.

11

11

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Construction

10b. KIND OF BUSINESS OR INDUSTRY

Construction

11. BIRTHPLACE (City and state or country)

Greenwood, Neb.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Barney Aufenkamp

13b. MOTHER'S MAIDEN NAME

Sue Pollard

14. NAME OF HUSBAND OR WIFE

Edith Campbell Aufenkamp

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give year or dates of service)

no

16. SOCIAL SECURITY NO.

509-10-1227

17. INFORMANT

Address

Mrs. Edith Aufenkamp Higginsville, 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)

Occlusive Arteriosclerosis of femoral artery

INTERVAL BETWEEN ONSET AND DEATH

1 month

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

DUE TO (b) Severe generalized arteriosclerosis

1/15

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chronic bronchitis & emphysema / mid thigh amputation 3/29/61

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. 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.)

20c. TIME OF INJURY
Hour
a.m.
p.m.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.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1956 to 4-8-61 and last saw him alive on 4-8-61
Death occurred at 6:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

William S. Aufenkamp M.D.

22b. ADDRESS

Higginsville, Mo.

22c. DATE SIGNED

4-10-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Buried

23b. DATE

4-10-1961

23c. NAME OF CEMETERY OR CREMATORY

city

23d. LOCATION (City, town, or county)

Higginsville

MO.

24. FUNERAL DIRECTOR

ADDRESS

Forrest A. Hofer Higginsville, Mo.

25. DATE RECD. BY LOCAL REG.

4-12-61

26. REGISTRAR'S SIGNATURE

Theresa E. Embelmer

(Licensed Embelmer's Statement on Reverse Side)

VS MAY 2 1961

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 Foster R. Hoeft

Licensed Embalmer No. 480I

P. O. Address Higginsville, 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.