

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028856

STATE FILE NUMBER

AMENDED

Registration District No.

118

Primary Registration District No.

4188

Registrar's No.

26

FILED SEP 5 1961

1. PLACE OF DEATH

a. COUNTY

Gasconade

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

Length of stay in 1b

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

a. STATE

Missouri

b. COUNTY

Gasconade

c. CITY
OR
TOWN Owensville

Inside Limits

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

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

ADDRESS 308 N. First St.

Reside on Farm

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

First

Middle

Last

William

James

AufderHeide

4. DATE
OF
DEATH

Month

Day

Year

August 25, 1961

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-23-88

9. AGE (last birthday)

72

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)

merchant

10b. KIND OF BUSINESS OR INDUSTRY

Store Business

11. BIRTHPLACE (City and state or country)

Owensville, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

August W. AufderHeide

13b. MOTHER'S MAIDEN NAME

Henriette Niewald

14. NAME OF HUSBAND OR WIFE

Carrie Given Aufder

Heide

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

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16. SOCIAL SECURITY NO.

488-38-0858

17. INFORMANT

Address

John W. AufderHeide Owensville, 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)

Carcinoma of Lung and

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

DUE TO (b)

Intestines

DUE TO (c)

INTERVAL BETWEEN
ONSET AND DEATHPART 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 ☐ 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
INJURYHour
a.m.
p.m.

Month, Day, Year

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 8-21-61 to 8-21-61 and last saw him alive on 8-21-61
Death occurred at 12:30P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

G. H. Bradley M.D.

22b. ADDRESS

Owensville, Mo

22c. DATE SIGNED

8-26-61

23a. BURIAL, CREMATION,
REMOVAL (Specify)

burial

23b. DATE

8-27-1961

23c. NAME OF CEMETERY OR CREMATORY

City Cemetery

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

Owensville, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Gottenstroeter Funeral Home
Owensville, Mo.
Melford H H Winter

25. DATE RECD. BY LOCAL REG.

August 26, 1961

26. REGISTRAR'S SIGNATURE

Mrs. Marvin Jappmeyer

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 22 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 Michael H Winter

Licensed Embalmer No. 3838

P. O. Address OWEN SUILLIVAN

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.