

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

334 - 61-037960

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED NOV 6 1961

1. PLACE OF DEATH

a. COUNTY

Pettis

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

Sedalia

Length of stay in 1b

8 yrs

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

Bathwell Hosp.

Inside Limits

Yes ☒ No ☐

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

a. STATE

Mo

b. COUNTY

Pettis

c. CITY OR TOWN

Sedalia

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

701 W. 32nd

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

ANNA-BARBARA-AURIG

4. DATE OF DEATH

act.

30, 1961

5. SEX

Female

6. COLOR OR RACE

white

7. Married

Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

Dec. 21, 1895

9. AGE (last birthday)

65

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)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

same

11. BIRTH PLACE (City and state or country)

Clear Creek, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

ANDREW RIES

13b. MOTHER'S MAIDEN NAME

LENA

14. NAME OF HUSBAND OR WIFE

OTTO AURIG

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.

no

17. INFORMANT

Otto Aurig

Address

Sedalia, 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)

acute Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

4 hours

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.)

20c. TIME OF INJURY

Hour

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 10-30-61 to 10-30-61 and last saw her alive on 10-30-61

Death occurred at 4:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

T. S. Hopewell, M.D.

22b. ADDRESS

1609 S. 5th

Sedalia, Mo.

22c. DATE SIGNED

10-31-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Nov. 2, 1961

23c. NAME OF CEMETERY OR CREMATORY

St. John's E & R Ceme

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

Pilot Grove, Mo

(State)

24. FUNERAL DIRECTOR

Hays - Painter, Pilot Grove, Mo

ADDRESS

25. DATE RECD. BY LOCAL REG.

11-2-1961

26. REGISTRAR'S SIGNATURE

Frances Sheehy

(Licensed Embalmer's Statement on Reverse Side)

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

Robert L. Painter

Licensed Embalmer No. 4069

P. O. Address

Pilot Grove, 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.