

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026825

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 3072 Primary Registration District No. 110 Registrar's No. 110

FILED JUN 25 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	Saline	a. STATE	Missouri
b. CITY (If outside corporate limits, give TOWNSHIP only)	Marshall	b. COUNTY	Saline
OR TOWN	Life	c. CITY OR TOWN	Marshall
c. FULL NAME OF (If NOT in hospital, give location)	687 W Clay	d. STREET ADDRESS	687 W Clay
HOSPITAL OR INSTITUTION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
BERRYMAN CORNELIUS AULGUR		6 16 1963	
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
Male	White		4-26-1868 95
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
Plaster		Building Trade	
11a. FATHER'S NAME		11b. MOTHER'S MAIDEN NAME	
Wm. Riley Aulgur		Cordelia Price	
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.	
No X			
17. INFORMANT		14. NAME OF HUSBAND OR WIFE	
Mrs. Mitchel Dille		Lela May (dec)	
Address		Mo. R 1 Blackwater	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a)	Basal Sarcoma Left Ear
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	lyr
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 checked="" 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
21. I attended the deceased from Sept. 1934 to June 16-1963 and last saw him alive on June 16, 1963		22c. DATE SIGNED
Death occurred at 8:50 A m on the date stated above, and to the best of my knowledge, from the causes stated.		6-16-1963
22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
Richard A. Tinkles DO.	Lincoln, Missouri	6-16-1963
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY
Burial	6-18-1963	Ridge Park Cemetery
24. FUNERAL DIRECTOR	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Jack W Reser	6-18-'63	Richard A. Tinkles
ADDRESS		
Marshall, Mo		

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0925

2 0975

3

4 0

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9 199.1

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11

12 90-2

13 3-0

APR 15 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Jack W. Riser

Licensed Embalmer No. 4643

P. O. Address

Marshall, 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.