

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30883

State File No.

FILED SEP 18 1951

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY OR TOWN <u>California</u>		c. CITY OR TOWN <u>California</u>	
c. LENGTH OF STAY (in this place) <u>9 Days</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Latham Sanitarium</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Margaret</u>	b. (Middle) <u>Elizabeth</u>	c. (Last) <u>Imhoff</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 13 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 15, 1914</u>	9. AGE (In years last birthday) <u>37</u>	10. UNDER 1 YEAR <u>4</u>	11. UNDER 1 MRS. Hours <u>28</u>	12. Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper & Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
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13a. FATHER'S NAME <u>Frank P. Scheidt</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth B. Walterscheid</u>	14. NAME OF HUSBAND OR WIFE <u>Urban Imhoff</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>F. P. Scheidt, California, Mo.</u>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain Abscess</u>		
	II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>342X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Sept 4 1951, to Sept 13, 1951, that I last saw the deceased alive on Sept 13, 19, and that death occurred at 6:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Benjamin Latham M.D.</u>	23b. ADDRESS <u>California, Mo.</u>	23c. DATE SIGNED <u>9-14-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 15-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>California Mo</u>
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DATE REC'D BY LOCAL REG. <u>9-14-51</u>	REGISTRAR'S SIGNATURE <u>H.R. Poppey L.R. 202</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Williams Funer. Home</u>	ADDRESS <u>California Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 9-17-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-17-51 _____

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *H. Friedman*

Signed _____
Student Embalmer

Licensed Embalmer No. *2854*

P. O. Address *California 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 this body is not embalmed, fact should be so stated above.