

STANDARD CERTIFICATE OF DEATH

State File No. **31332**

No. 300
10.48

FILED SEP 18 1953

REG. DIST. NO. **77**

PRIMARY REG. DIST. NO. **3016**

Registrar's No. **259**

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

1. PLACE OF DEATH a. COUNTY Colo		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) California		d. STREET ADDRESS (If rural, give location) 0 681	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Marys Hosp.		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) Thomas		4. DATE OF DEATH (Month) (Day) (Year) Sept 12 1953	
a. (First) Thomas		b. (Middle) Wm	
c. (Last) Emhoff		4. DATE OF DEATH	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Jan 15 - 1939	
9. AGE (In years last birthday) 14		Months 7	
Days 27		If under 1 yr. Hours Mins. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	
11. BIRTHPLACE (City and State or Foreign Country) Moniteau Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Alvin Emhoff		13b. MOTHER'S MAIDEN NAME Helen Heinen	
14. NAME OF HUSBAND OR WIFE none		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. 		17. INFORMANT'S SIGNATURE OR NAME Alvin Emhoff	
17. ADDRESS California Mo		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Concussion of brain		INTERVAL BETWEEN ONSET AND DEATH 1 day	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Fractured skull	
DUE TO (c)		1 day	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street	
21c. (CITY, TOWN, OR TOWNSHIP) Jefferson City		(COUNTY) Colo	
(STATE) Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 11 5:30 PM	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? car accident	
22. I hereby certify that I attended the deceased from <u>Sept 11, 1953</u>, to <u>Sept 12, 1953</u>, that I last saw the deceased alive on <u>Sept 12, 1953</u>, and that death occurred at <u>10 P. M.</u>, from the causes and on the date stated above.			
23a. SIGNATURE J. C. Cameron M.D.		23b. ADDRESS Ball Meyer Bldg.	
23c. DATE SIGNED 9/13/53		24a. BURIAL, CREMATION REMOVAL (Specify) Burial	
24b. DATE Sept 15 - 1953		24c. NAME OF CEMETERY OR CREMATORY Catholic Cem.	
24d. LOCATION (City, town, or county) (State) California Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Hugh E. Williams	
DATE REC'D BY LOCAL REG. Sept 13 - 1953		REGISTRAR'S SIGNATURE R. P. Norris M.D.	
25. ADDRESS California Mo.		25. ADDRESS	

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
Student Embalmer

Signed Hugh E. Holliman

Licensed Embalmer No. 3537

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.