

THE DIVISION OF HEALTH OF CALIFORNIA
STANDARD CERTIFICATE OF DEATH

19703

State File No. _____

FILED JUL 8 1954

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 57

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

1. PLACE OF DEATH a. COUNTY <u>Monterey</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Monterey</u>	
b. CITY OR TOWN <u>California</u>		c. CITY OR TOWN <u>rural Walker 0680</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>1 mi. East of California</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Oak St. Railroad crossing</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>August</u> b. (Middle) <u>BLANK</u> c. (Last) <u>BLANK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 19 1954</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Aug 3, 1861</u>		9. AGE (In years last birthday) <u>92</u>		10. IF UNDER 1 YEAR: Months <u>10</u> Days <u>16</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Albion Louisiana</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Elora Huteracht</u>	
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>Mrs. W. J. Dabbin</u> ADDRESS <u>California, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushing injuries to body</u>		DU TO (b) <u>In auto-train accident</u>			Instantaneous
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DU TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.		<u>E8104</u> <u>27</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 (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) <u>rail road crossing</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>California, Monterey, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 19, 1954 12:30 pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>in car struck by train</u>	

22. I hereby certify that I attended the deceased from dead when first seen, 1954, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Kenneth Latham M.D. Coroner</u>		23b. ADDRESS <u>California, Mo.</u>		23c. DATE SIGNED <u>6-21-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6-20-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical</u>	
24d. LOCATION (City, town, or county) (State) <u>California, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>2/20/54</u>		REGISTRAR'S SIGNATURE <u>H. L. Pappey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. E. Wilson</u> ADDRESS <u>California, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

APR 25 1954

MAY 8 1954

APR 28 1954

MAY 11 1954

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 A. E. Wilson

Licensed Embalmer No. 2351

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.