

FILED NOV 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36512**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **378**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FULTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 214 HIGH ST	
d. FULL NAME OF HOSPITAL OR INSTITUTION CALLAWAY HOSPITAL		d. STREET ADDRESS (If rural, give location) JEFFERSON CITY	

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Jamley c. (Last) Heuser			4. DATE OF DEATH (Month) (Day) (Year) NOV 12 1949					
5. SEX M	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 9 1905	9. AGE (In years last birthday) 44	10. IF UNDER 1 YEAR (Months) 2	11. IF UNDER 2 HRS. (Days) 3	12. IF UNDER 4 HRS. (Hours) _____	13. IF UNDER 15 HRS. (Mins.) _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY ADVERTISING		11. BIRTHPLACE (State or foreign country) Traverse City Michigan		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Albert N. Heuser		13b. MOTHER'S MAIDEN NAME Minnie Belle M. Cooy		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) N.O. (If yes, give war or dates of service) N.O.		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME H.E. ANDERSON	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH about 2 1/2 hours 68224 32
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Died of Multiple injuries sustained in auto accident		
	DUE TO (b) accident car left road and turned over two or three times		
DUE TO (c) injury		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) at exit of garage	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at exit of garage	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Fulton Twp Callaway MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 11 1949 12:30 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto got out of garage, left road

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, 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 Mrs. Marietta Lawrence (Degree or title)	23b. ADDRESS Fulton Mo	23c. DATE SIGNED 11/12/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 16 1949	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivette
24d. LOCATION (City, town, or county) (State) Detroit MICH.		

DATE REC'D BY LOCAL REG. Nov 14 1949	REGISTRAR'S SIGNATURE Marietta Lawrence	426	25. FUNERAL DIRECTOR'S SIGNATURE Marjorie Funeral Home	ADDRESS Fulton Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

14
1
2

RECEIVED NOV 15 1949
District Health Officer No. 9,
District File Number

NOV 28 1949

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 Walter J. Haines, Jr.
Licensed Embalmer No. 4557
P. O. Address Fulton, 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.