

State File No. 00150

FILED NOV 29 1949

BIRTH NO. _____		REG. DIST. NO. 254		PRIMARY REG. DIST. 3052		Registrar's No. 411	
1. PLACE OF DEATH a. COUNTY <b>Pettis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>		c. LENGTH OF STAY (In this place) <b>Life</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1603 S. Moniteau</b>				d. STREET ADDRESS (If rural, give location) <b>1603 S. Moniteau</b>			
3. NAME OF DECEASED (Type or Print) <b>CARL R ALMQUIST</b>			a. (First) <b>R</b>		b. (Middle) <b>ALMQUIST</b>		c. (Last)
4. DATE OF DEATH <b>Nov. 24, 1949</b>				5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>				8. DATE OF BIRTH <b>Sept. 22, 1879</b>		9. AGE (In years last birthday) <b>70</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired engineer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>MKT Railroad</b>		11. BIRTHPLACE (State or foreign country) <b>Sedalia, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				13a. FATHER'S NAME <b>Peter Almquist</b>		13b. MOTHER'S MAIDEN NAME <b>Matilda Louise Chalman</b>	
14. NAME OF HUSBAND OR WIFE <b>Grace Almquist</b>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Grace Almquist, Sedalia, Missouri</b>				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, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>  ANTECEDENT CAUSES  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Arterio Sclerosis</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.		19. DATE OF OPERATION <b>4201</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?				22. I hereby certify that I attended the deceased from <b>April 18-4</b> , to <b>Nov 24</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>11-24</b> , 19 <b>49</b> , and that death occurred at <b>9:00 A.M.</b> , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <b>H. W. Boyer M.D.</b>	
23b. ADDRESS <b>Sedalia Mo</b>				23c. DATE SIGNED <b>11-25-49</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Nov 26, 1949</b>				24c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Sedalia, Missouri</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Petty Heeger</b>				25. FUNERAL DIRECTOR'S ADDRESS <b>251 O. W. Hecker Sedalia Mo.</b>		26. DATE REC'D BY LOCAL REG. <b>11-26-49</b>	

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 28

District Health Officer No. 8,

Subject File Number

Date Filed 11-28-49

DEC 2 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

Frank S. Coffman Jr.

Licensed Embalmer No. 4559

P. O. Address Sedalia, 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.