

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

432 State File No. 40311

BIRTH NO. _____		REG. DIST. NO. <u>113</u>		PRIMARY REG. DIST. NO. <u>4487</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Beaufort Mo Union</u>		c. LENGTH OF STAY (If in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Beaufort Mo Union</u>		D. 36		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED (First) <u>Wilfred</u> (Middle) <u>A</u> (Last) <u>Honold</u>			4. DATE OF DEATH (Month) <u>Dec</u> (Day) <u>24</u> (Year) <u>1950</u>					
5. SEX <u>M. O. W.</u>	6. COLOR OR RACE _____	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 8 1929</u>	9. AGE (In years last birthday) <u>21</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>16</u>	IF UNDER 4 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter / Hardware</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Beaufort Mo O. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY _____		
13a. FATHER'S NAME <u>Chas W. Honold</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Schveder</u>		14. NAME OF HUSBAND OR WIFE _____				
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>496-320656</u>		17. INFORMANT'S SIGNATURE OR NAME <u>C. A. Honold</u>		ADDRESS <u>Beaufort Mo</u>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken neck, caused by car accident. 1 1/2 miles south of Beaufort, Mo. on highway U.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Beaufort, Mo. on highway U.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E 8194</u>					INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>D36</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, train, etc.) <u>on highway U.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Beaufort, franklin Mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>December 24, 12:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>rallied to make curve. Car left road hitting a tree.</u>				
22. I hereby certify that I attended the deceased from <u>19</u> , to <u>19</u> , that I last saw the deceased alive on <u>12 30</u> , and that death occurred at <u>2 30</u> A. M., from the causes and on the date stated above.								
23a. SIGNATURE <u>G. L. Matthews M.D.</u> (Degree or title)				23b. ADDRESS <u>Beaufort, Missouri.</u>		23c. DATE SIGNED <u>12-2450</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 26 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Johns Luth. Cent</u>		24d. LOCATION (City, town, or county) (State) <u>Beaufort Mo</u>		
DATE REC'D BY LOCAL REG. <u>Dec 26 1950</u>		REGISTRAR'S SIGNATURE <u>F. T. Cooper Etc. 98</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. H. Semme</u> ADDRESS <u>Beaufort Mo</u>				

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

D36

File No. _____
DISTRICT HEALTH OFFICE No. 4

JAN 4 1951

RECEIVED

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 _____

E. H. Jenne

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____

E. H. Jenne

Licensed Embalmer No. 3076

P. O. Address Beaufort, N.C.

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.