

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7948

State File No.

FILED APR 15 1952
BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 1432 Registrar's No. 21

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

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Meramec</u> c. LENGTH OF STAY (If in this place) <u>40</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Meramec TWP Sullivan</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Meramec TWP</u>		d. STREET ADDRESS (If rural, give location) <u>Meramec TWP 036</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Amiel</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Halmich</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 6 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Sept 15, 1911</u>
9. AGE (In years last birthday) <u>40</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>21</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Frank Halmich</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Fritsch</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>495-12-8036</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Henry Halmich</u>		ADDRESS <u>Sullivan, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental Drowning</u> ANTECEDENT CAUSES DUE TO (b) <u>Fell on Face in mud</u> DUE TO (c) <u>Due to Intoxication</u> 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 <u>036 E9291-221</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>Accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Meramec TWP Franklin Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 6, 1952 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>wading, yellow face in water & mud</u>		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 <u>2:30</u> p.m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Thos. P. Shaffer Coroner</u>		23b. ADDRESS <u>Sullivan Mo</u>	
23c. DATE SIGNED <u>4/7/52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>April 8, 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Japan Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Franklin Co. Mo.</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>Shaffer's Chapel Sullivan Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-7-52</u>		REGISTRAR'S SIGNATURE <u>Contractor 97</u>	

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 _____

Licensed Embalmer No. 4520

P. O. Address Sullivan, 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.