

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34524**

FILED NOV 13 1952

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 271		
1. PLACE OF DEATH a. COUNTY Cole				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 Jefferson City			c. LENGTH OF STAY (In this place) 20yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City			0'26"4	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital				d. STREET ADDRESS (If rural, give location) 912 St. Marys Blyd.				
3. NAME OF DECEASED a. (First) Stacy b. (Middle) Champ c. (Last) Clark Emmel			4. DATE OF DEATH Nov. 8, 1952		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 7, 1894		9. AGE (In years last birthday) 58		# UNDER 1 YEAR 7	# UNDER 2 HRS. 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vault Mfgy			10b. KIND OF BUSINESS OR INDUSTRY Own		11. BIRTHPLACE (City and State or Foreign Country) Rhineland, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME August Emmel			13b. MOTHER'S MAIDEN NAME Ellen Doyle		14. NAME OF HUSBAND OR WIFE Olliver Mable Emmel			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 486-12-4697		17. INFORMANT'S SIGNATURE OR NAME Mable Emmel ADDRESS Jefferson City, Mo.				
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH Not known	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				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 4200				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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)		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 10-25-1952 to 11-8-1952 , that I last saw the deceased alive on 11-8-1952 , and that death occurred at 1:35p m. , from the causes and on the date stated above.								
23a. SIGNATURE Earl J. Lloyd M.D. (Degree or title)				23b. ADDRESS Jeff. City, Mo.		23c. DATE SIGNED 11/10/52		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Nov. 11, 1952		24c. NAME OF CEMETERY OR CREMATORIUM Walnut Grove Cemetery		24d. LOCATION (City, town, or county) (State) Boonville, Mo.		
DATE REC'D BY LOCAL REG. Nov. 10-52		REGISTRAR'S SIGNATURE R. P. Davis M.D. - M.R. - 8		25. FUNERAL DIRECTOR'S SIGNATURE Victor Busch ADDRESS Jefferson City Mo				

(Licensed Embalmer's Statement on Reverse Side)

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

0262

FORM 2 1961

FORM 2 1961

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 Victor Buscher

Licensed Embalmer No. 3701

P. O. Address Jefferson City

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.