

FILED JUL 8 1954

THE DIVISION OF HEALTH OF CALIFORNIA
STANDARD CERTIFICATE OF DEATH

State File No. 19704

BIRTH NO. _____		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>5796</u>		Registrar's No. <u>50</u>	
1. PLACE OF DEATH a. COUNTY <u>Monterey</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Monterey</u>			
b. CITY OR TOWN <u>California</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>rural Walker</u>		d. STREET ADDRESS (If rural, give location) <u>1 mi. East of California</u> <u>0680</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Oak St. Railroad Crossing</u>				d. STREET ADDRESS (If rural, give location) <u>1 mi. East of California</u> <u>0680</u>			
3. NAME OF DECEASED a. (First) <u>FLORA</u>			b. (Middle) <u>BLANK</u>		c. (Last) <u>BLANK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 19 1954</u>
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Feb 29, 1872</u>	
9. AGE (in years last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>20</u>		IF OVER 1 YEAR Years <u>0</u> Months <u>0</u> Days <u>0</u>		10. CITIZEN OF WHAT COUNTRY? <u>US</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Monterey Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Albert Hoberrecht</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Schmidt</u>		14. NAME OF HUSBAND OR WIFE <u>August Blank</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. W. J. Pakstien California 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushing injuries to body.</u> <u>In auto - train accident.</u> 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. <u>E8104</u> <u>27</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Instantaneous</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 bldg., etc.) <u>Rail road crossing</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>California Monterey 068770</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 19, 1954 12 p.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>car struck by train</u>			
22. I hereby certify that I attended the deceased from <u>clean up</u> , 19 <u>54</u> , to <u>first seen</u> , 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 (Degree or title) <u>Kenneth Latham M.D. Coroner</u>				23b. ADDRESS <u>California, Mo</u>		23c. DATE SIGNED <u>6-21-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6-20-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical</u>		24d. LOCATION (City, town, or county) (State) <u>California Mo</u>	
DATE REC'D BY LOCAL REG. <u>6/22/54</u>		REGISTRAR'S SIGNATURE <u>H L Papey</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A E Watson California Mo</u>			

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

(Licensed Embalmer's Statement on Reverse Side)

1955
MAY 3

DEC 12 1955

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 A E Wilson

Licensed Embalmer No. 2351

P. O. Address. California 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.