

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039355
STATE FILE NUMBER

FILED DEC 15 1958 Registration District No. 82 Primary Registration District No. 4148 Registrar's No. 162

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Cooper</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Cooper</i>	
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <i>Atterville</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Atterville</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>✓</i>		Length of stay in 1b <i>20 yrs</i>	d. STREET ADDRESS (If outside, give location) <i>0270</i> 0
3. NAME OF DECEASED (Type or print) First Middle Last <i>DAVID-MADISON-HOMAN</i>		4. DATE OF DEATH Month Day Year <i>Dec. 8, 1958</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Nov. 17, 1879</i>
9. AGE (In years last birthday) <i>86</i>		IF UNDER 1 YEAR Months - Days - Hours - Min.	IF UNDER 24 HRS. Hours - Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>same</i>	11. BIRTHPLACE (City and state or country) <i>Atterville, Mo</i>
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A</i>		13a. FATHER'S NAME <i>Samuel Homan</i>	
13b. MOTHER'S MAIDEN NAME <i>Susan Fiecht</i>		14. NAME OF HUSBAND OR WIFE <i>Rebecca Franz</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or names of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT Address <i>Mrs. Charles Carson, Atterville, Mo</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Atherosclerotic Cardio Vascular Disease</i>			INTERNAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Carcinoma, Prostate</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>Dec 8 1957</i> to <i>Dec 8 1958</i> and last saw him alive on <i>8 Dec 1958</i> Death occurred at <i>10:00 PM</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>P. J. Siegel MD</i>		22b. ADDRESS <i>Smithton Mo</i>	
		22c. DATE SIGNED <i>12/9/58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Dec. 10, 58</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>I.O.O.F.Ceme</i>		23d. LOCATION (City, town, or county) (State) <i>Atterville, Mo</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Hays - Painter, Atterville, Mo</i>		25. DATE RECD. BY LOCAL REG. <i>12/10/58</i>	
26. REGISTRAR'S SIGNATURE <i>D. Hooper</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JAN 2 1959

DEC 29 1958

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
Signature of Student Embalmer

Signed *Robert L. Painter*

Licensed Embalmer No. *4069*

P. O. Address *Atterville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.