Health, & Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043613

STATE FILE NUMBER

FILED DEC 15 1958 Registration District No. 7746 Primary Registration District No. 5302 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY Cole Clark Twp.
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Henley, Mo. Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Home Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cole
c. CITY OR TOWN Henley 0260 Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First CHARLES Middle JOSEPH Last EMMERICH

4. DATE OF DEATH Month Day Year Dec.6th. 1958

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Mar-27-1892
9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret.Miner
10b. KIND OF BUSINESS OR INDUSTRY Tiff Miner
11. BIRTHPLACE (City and state or country) Springfield Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Peter Emmerich
13b. MOTHER'S MAIDEN NAME Sarah Combs
14. NAME OF HUSBAND OR WIFE Ersay Emmerich

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Paul Emmerich Address Henley Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of the Rt. Lung INTERVAL BETWEEN ONSET AND DEATH Months
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) 163x
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 Nov. 30. 1958, to Dec. 6. 1958 and last saw ~~her~~ him alive on Dec. 4. 1958
Death occurred at 3:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Francis X. Mun M.D.
22b. ADDRESS Jefferson City, Mo
22c. DATE SIGNED Dec. 6, 1958

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-8-58
23c. NAME OF CEMETERY OR CREMATORY ENLOE CEM.
23d. LOCATION (City, town, or county) (State) Russellville. Mo.

24. FUNERAL DIRECTOR G. N. Steffens ADDRESS Russellville Mo
25. DATE RECD. BY LOCAL REG. 6 December 1958
26. REGISTRAR'S SIGNATURE Thomas C Dundon

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

60
S. 300
1-57
1
68
0

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 G. M. Steffens

Licensed Embalmer No. 2307

P. O. Address Russellville

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.