

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012731

STATE FILE NUMBER

FILED APR 27 1959

Registration District No.

77

Primary Registration District No.

3016

Registrar's No.

127

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, give TOWNSHIP only) OR TOWN JEFFERSON CITY, MO.		c. CITY OR TOWN JEFFERSON CITY, MO.	
c. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL		d. STREET ADDRESS (If outside, give location) R. R. # 1	

3. NAME OF DECEASED (Type or print) THOMAS CAREL			4. DATE OF DEATH APRIL 24, 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 24, 1959		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 0		IF UNDER 1 YEAR Months 0 Days 0
11. BIRTHPLACE (City and state or country) Jefferson City, Mo. USA		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Raymond Carel		13b. MOTHER'S MAIDEN NAME Betty Brondel		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Raymond Carel St Martins, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 2 mature Birth			INTERVAL BETWEEN ONSET AND DEATH Yes.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Placenta Previa		
	DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7615			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 WORK <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 4/24/59 to 4/24/59 and last saw him alive on 4/24/59 Death occurred at 2:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE (Degree or title) Francis J. Meier M.D.		22b. ADDRESS Jeff City, Mo.		22c. DATE SIGNED 4/24/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/25/59		23c. NAME OF CEMETERY OR CREMATORY St. Martins	
		23d. LOCATION (City, town, or county) St. Martins, Mo.			

24. FUNERAL DIRECTOR ADDRESS Sylvester Duke J C MO.		25. DATE RECD. BY LOCAL REG. 25 April 1959		26. REGISTRAR'S SIGNATURE R.P. Harris MS-MR	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

300
1-57

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 *Sebastian Dulle*

Licensed Embalmer No. *4321*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.