

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29270**

FILED OCT 7 1949

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BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006 Registrar's No. 242	
1. PLACE OF DEATH a. COUNTY Boone			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone		
b. CITY OR TOWN Columbia		c. LENGTH OF STAY (in this place) 22 Years	c. CITY OR TOWN Columbia		d. STREET ADDRESS (If rural, give location) 207 Edgewood Ave.
d. FULL NAME OF HOSPITAL OR INSTITUTION 207 Edgewood Ave.			d. STREET ADDRESS (If rural, give location) 207 Edgewood Ave.		
3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR b. (Middle) SAMUEL c. (Last) EMIG			4. DATE OF DEATH (Month) (Day) (Year) Sept. 26, 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married (Specify)	8. DATE OF BIRTH Dec. 11, 1887		9. AGE (In years last birthday) 61 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Professor of Sociology - University of Mo.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Farmington, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Charles H. Emig		13b. MOTHER'S MAIDEN NAME Mary Luedde		14. NAME OF HUSBAND OR WIFE Constance Latshaw Emig	
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'S SIGNATURE OR NAME ADDRESS Mrs. Arthur S. Emig, Columbia, Mo.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Phlebothrombosis deep vein right leg. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 days 10 days 4 1/2 hr
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) (Min.)	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 July 19, 1949 to Sept 26, 1949 , that I last saw the deceased alive on Sept 26, 1949 , and that death occurred at 10:20 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE James D. Alford (Degree or title)		23b. ADDRESS Columbia, Mo		23c. DATE SIGNED Sept 27, 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE Sept. 29, 1949	24c. NAME OF CEMETERY OR CREMATORY Newcomers	24d. LOCATION (City, town, or county) (State) St. Louis, Mo		
DATE REC'D BY LOCAL REG. Sept. 23, 1949	REGISTRAR'S SIGNATURE Mrs. R.E. Palmer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker Funeral Service, Columbia, Mo		

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

District File Number _____
District Health Officer No. 9
RECEIVED OCT 4 1949

OCT 18 1949

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 Thomas L. Young

Licensed Embalmer No. 4132

P. O. Address Philadelphia, Pa.

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.