

FILED DEC 30 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43457**  
Registrar's No. **103**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **162** PRIMARY REG. DIST. NO. **5595**

1. PLACE OF DEATH a. COUNTY <b>Unknown Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Unknown</b> b. COUNTY <b>Unknown</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Unknown</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>unknown</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>unknown Found</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Unknown</b>			
3. NAME OF DECEASED a. (First) <b>Unknown</b> b. (Middle) <b>(Human Skull)</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Unknown 1953</b>
5. SEX <b>9</b>	6. COLOR OR RACE <b>Unknown</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Unknown</b>	8. DATE OF BIRTH <b>Unknown</b>
9. AGE (In years less birthday) Months Days <b>Unknown</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unknown</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Unknown</b>	12. CITIZEN OF WHAT COUNTRY? <b>Unknown</b>
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Unknown</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Unknown</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Heiligtag Funeral Home</b>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Unknown</b>  ANTECEDENT CAUSES DUE TO (b) <b>(Human skull Found in or near Rauschenbach Cemetery, near Imperial Missouri)</b> DUE TO (c) <b>Missouri</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>7955</b>	
20. AUTOPSY? YES <input 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) m.		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 _____, 19____, to _____, 19____, 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) <b>D. B. Edwards M.D. Governor</b>		23b. ADDRESS <b>Cedar Hill Mo</b>	23c. DATE SIGNED <b>12/10/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec 17, 53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rauschenbach Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Imperial, Mo.</b>
DATE REC'D BY LOCAL REG. <b>Dec 19-1953</b>	REGISTRAR'S SIGNATURE <b>Ruth J. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Heiligtag Funeral Home Imperial, Mo.</b>	

05003

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

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED DEC 22 1953

~~Not Embalmed~~

STATEMENT BY LICENSED EMBALMER

Not Embalmed

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

~~Not Embalmed~~

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Arthur W. Hulett*

Licensed Embalmer No. *3872*

P. O. Address *Imperial Ind*

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.