

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33513

State File No.

FILED OCT 25 1954

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 162

1. PLACE OF DEATH a. COUNTY Franklin.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY Franklin.	
b. CITY OR TOWN Washington.		c. CITY OR TOWN Washington.	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 4 days.		f. STREET ADDRESS (If rural, give location) 1050 W. 3rd St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital.			

3. NAME OF DECEASED (Type or Print)	a. (First) Donald	b. (Middle) Joseph	c. (Last) Emann	4. DATE OF DEATH (Month) (Day) (Year) Oct. 21st, 1954.
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married.	8. DATE OF BIRTH Dec. 12th, 1935.	9. AGE (In years last birthday) 18	IF UNDER 1 YEAR Months 10	IF UNDER 1 DAY Days 9	IF UNDER 1 HRS. Hours 	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe-worker.	10b. KIND OF BUSINESS OR INDUSTRY Shoe Co.	11. BIRTHPLACE (City and State or Foreign Country) Washington, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph C. Emann.	13b. MOTHER'S MAIDEN NAME Cornelia Manhart.	14. NAME OF HUSBAND OR WIFE X
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No.	16. SOCIAL SECURITY NO. 492-36-5738	17. INFORMANT'S SIGNATURE OR NAME Joseph C. Emann	ADDRESS Washington, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral concussion followed by fractures back (3rd thoracic vertebra) followed by a massive pulmonary infarct		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 		
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 E8244 33	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At work	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) New Hope Franklin Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 17 54 3:00 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell out of a moving car.
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22. I hereby certify that I attended the deceased from Oct 17, 1954, to Oct 21, 1954, that I last saw the deceased alive on Oct 21, 1954, and that death occurred at 12:35 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. J. Fox M.D.	23b. ADDRESS Washington, Mo.	23c. DATE SIGNED 10/21/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 23, 1954.	24c. NAME OF CEMETERY OR CREMATORY St. Francis Borgia Cemetery.	24d. LOCATION (City, town, or county) (State) Washington, Mo.
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DATE REC'D BY LOCAL REG. 10/22/54	REGISTRAR'S SIGNATURE J. P. Sedman	25. FUNERAL DIRECTOR'S SIGNATURE Nielburg & Vitt, Inc.	ADDRESS Washington, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

sd

no

of

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 *Lester H. Pitt*.....
Licensed Embalmer No. *325*

P. O. Address *Washington*

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.

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