

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18116**

FILED JUL 11 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **67**

1. PLACE OF DEATH a. COUNTY <b>Cooper</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Boonville</b>		c. LENGTH OF STAY (in this place) <b>50 years</b>	c. CITY OR TOWN <b>Boonville</b>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>1001 3rd</b>		
3. NAME OF DECEASED a. (First) <b>Emma</b> b. (Middle) <b>Caroline</b> c. (Last) <b>Sweniger</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 2, 1955</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>divorced</b>	8. DATE OF BIRTH <b>Oct. 26, 1895</b>		9. AGE (In years last birthday) <b>59</b> 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) <b>homemaker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>New York State</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Carl Gurbick</b>		13b. MOTHER'S MAIDEN NAME <b>Frieda Wagner</b>		14. NAME OF HUSBAND OR WIFE <b>-----</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Carl Gurbick Boonville, Mo.</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.	<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Multiple fractures skull (basal)</b></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Violence</b></p> <p>DUE TO (c) <b>Struck by truck</b></p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Fracture both tibia/fibula bones, fracture left parietal bone, fracture of ribs</b></p>				INTERVAL BETWEEN ONSET AND DEATH
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) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>City street - Hwy 40</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <b>Boonville Cooper</b>		21d. (STATE) <b>Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>July 1 - 55 9:10 a.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Struck by truck while crossing street Hwy 40 was</b>			
22. I hereby certify that I attended the deceased from <b>July 1, 1955</b> , to <b>July 2, 1955</b> , that I last saw the deceased alive on <b>July 2, 1955</b> , and that death occurred at <b>3:40 A. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>M. L. Dieckraegen MD</b>			23b. ADDRESS <b>Boonville Mo</b>		23c. DATE SIGNED <b>7/2/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>July 5/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Grove Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Boonville, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>7/5/55</b>	REGISTRAR'S SIGNATURE <b>[Signature] 381-0</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>Boonville Mo</b>

(Licensed Embalmer's Statement on Reverse Side)

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

18 1955

AUG 8 1955

19 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Berry W. Thacker*  
Licensed Embalmer No. *393*

P. O. Address *Bonnie*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa  
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.