

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017488
STATE FILE NUMBER

FILED MAY 19 1958

Registration District No. 47 Primary Registration District No. 5157 Registrar's No. 117

300
1-57

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Auxvasse Twp.		c. CITY OR TOWN Portland	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MKT Right of Way		d. STREET ADDRESS (If outside, give location) RFD Portland	
3. NAME OF DECEASED First Adolph Middle Last Tomek		4. DATE OF DEATH Month May Day 8 Year 1958	
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 Aug. 14, 1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	9. AGE (In years at birthday) 61
11. BIRTHPLACE (City and state or country) Portland Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Adolph Tomek		13b. MOTHER'S MAIDEN NAME Mary Benedict	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWI		16. SOCIAL SECURITY NO. 497 16 3183	17. INFORMANT Adolph Tomek Address Stockton Calif
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowning			INTERVAL BETWEEN ONSET AND DEATH Inst
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			9298 42
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Missed step and apparently fell from railraod	
20c. TIME OF INJURY Hour Month, Day, Year unknown		bridge into creek swollen from rains. Used bridge daily going from home to town of Portland.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) RR Right of Way	20f. CITY, TOWN, OR LOCATION COUNTY STATE Near Portland Callaway Missouri.
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at unknown m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Darryl A. Stewart (Degree or title) Coroner		22b. ADDRESS Fulton Mo	22c. DATE SIGNED 5/14/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/15/58	23c. NAME OF CEMETERY OR CREMATORY Portland	23d. LOCATION (City, town, or county) (State) Portland Missouri.
24. FUNERAL DIRECTOR Maupin F. H. ADDRESS Fulton Mo		25. DATE RECD. BY LOCAL REG. May-17-1958	26. REGISTRAR'S SIGNATURE Maretha Lawrence

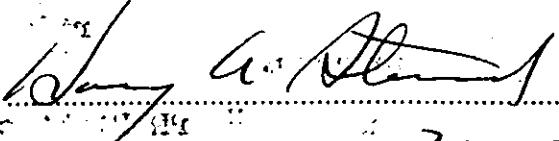
MAY 2 1958

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

Signed 

Signature of Student Embalmer

Licensed Embalmer No. 3728

P. O. Address.. Fulton

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.