

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041026

STATE FILE NUMBER

FILED DEC 4 1958 Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 223

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institutional: Residence before admission) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Belle		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Blend 0370
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Phelps County Memorial Hosp		Length 3 months	d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) William Charles Tomnitz			4. DATE OF DEATH Month Day Year Nov-26-1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	DATE OF BIRTH JAN 14-1896		
9. AGE (In years last birthday) 62		10. KIND OF BUSINESS OR INDUSTRY Shoe Co.		11. BIRTHPLACE (City and state or country) Gasconade County - Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Worker		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME William Tomnitz	
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. 489-16-2339		17. INFORMANT Mrs. Dusia Tomnitz - Bland Mo.	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of sigmoid & generalized metastasis (terminal)		INTERVAL BETWEEN ONSET AND DEATH 7
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) no surgery		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour Month; Day, Year a. m. p. m.	1533	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 9-6-58 to 11-26-58 and last saw her alive on 11/26/58. Death occurred at 9:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) J. W. Tricker M.D.	22b. ADDRESS Ralla Mo	22c. DATE SIGNED 11/26/58

23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	23b. DATE 11-29-58	23c. NAME OF CEMETERY OR CREMATORY Union Cemetery	23d. LOCATION (City, town, or county) (State) Bland - Mo.
24. FUNERAL DIRECTOR Charles Gasman	ADDRESS Bland Mo	25. DATE RECD. BY LOCAL REG. Nov. 27, 1958	26. REGISTRAR'S SIGNATURE Nadine L. Stoeck

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes.

FEB 20 1959

DEC 4 1958

Date Filed December 3, 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 Signature of Student Embalmer

Signed *Charles S. Sessman*

Licensed Embalmer No. *411*

P. O. Address *Bland*

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