

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

MYE ILED 05 64 47

Primary Registration District No.

3008

Registrar's No.

0014011

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH - a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, give TOWNSHIP only) Fulton		c. CITY OR TOWN California	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 1		d. STREET ADDRESS 607 S. Taylor St.	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Eugene Middle A Last ALTHOFF		4. DATE OF DEATH Month April Day 27 Year 1964	
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"/>	8. DATE OF BIRTH 9 Jan 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer-retired		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	9. AGE (last birthday) 75
11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Frank Althoff		13b. MOTHER'S MAIDEN NAME Sophia Kirchoff	
14. NAME OF HUSBAND OR WIFE Rosie Althoff		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. 486-30-9390		17. INFORMANT Address State Hospital No. 1, Fulton, 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) Dura-bilateral subdural hematomas DUE TO (b) History of Fall DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Brain-infarcts, healed due to arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20a. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20b. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
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 State Hospital No. 1		COUNTY Callaway STATE Missouri	
21. *attended the deceased from Death occurred at 9:05 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) Fred P. Honder MD	
22a. ADDRESS State Hospital No. 1, Fulton, Mo.		22c. DATE SIGNED 28 Apr 64	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial-removal		23b. DATE 28 Apr 1964	
23c. NAME OF CEMETERY OR CREMATORY City California		23d. LOCATION (City, town, or county) (State) California, Mo.	
24. FUNERAL DIRECTOR Hugh E. Williams		25. DATE RECD. BY LOCAL REG. April 29, 1964	
26. REGISTRAR'S SIGNATURE Maretha Lawrence			

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NOV 25 1964

8-11-64

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 Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address California, Mo.

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.