

FILED DEC 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39165

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 413

1. PLACE OF DEATH a. COUNTY <u>St. Francis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francis</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Flat River</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Flat River #94</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>301 Rosemet St. J.P.M. about 3 days.</u>			Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>402 Lee St.</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Albert</u> Last <u>Segman</u>				4. DATE OF DEATH Month <u>Nov.</u> Day <u>21</u> Year <u>1956</u>							
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White Cav.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 30-1876</u>	9. AGE (In years last birthday) <u>80-9-21</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Flat River Gas & Fuel</u>	11. BIRTHPLACE (City and state or country) <u>Woo Burn. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Mr. Frank Segman</u>				14. MOTHER'S MAIDEN NAME <u>Jennie Johnson</u>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>488-09-197</u>		17. INFORMANT <u>Mrs. Lucinda Jane Segman - 402 Lee St. Flat River Mo.</u> Address							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary edema</u> DUE TO (b) <u>arterio sclerotic heart disease</u> DUE TO (c) <u>Chromatoid cystitis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								INTERVAL BETWEEN ONSET AND DEATH <u>36h</u>			
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.) <u>4200</u>								
20c. TIME OF INJURY Hour <u>1 P.M.</u> Month <u>June</u> Day <u>15</u> Year <u>1955</u> g. m. <u>1 P.M.</u> p. m.			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 <u>Flat River Mo</u>		COUNTY <u>Mo</u>		STATE <u>Mo</u>
21. I attended the deceased from <u>June 15</u> to <u>Nov 21, 1956</u> and last saw <u>him</u> alive on <u>11-21-56</u> Death occurred at <u>1 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.								22. DATE SIGNED <u>11-26-56</u>			
22a. SIGNATURE <u>H. O. Gaelle M.D.</u> (Degree or title)				22b. ADDRESS <u>Deerlap Mo</u>				22c. DATE SIGNED			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Nov. 23-1956</u>		23c. NAME OF CEMETERY OR CREMATORY <u>F.O.O.F. Cemetery</u>		23d. LOCATION (City, town, or county) <u>Deerlap</u>		STATE <u>Mo</u>			
24. FUNERAL DIRECTOR <u>Clyde W. Hoover</u> ADDRESS <u>303 Rosemet St. Flat River Mo</u>			25. DATE RECD. BY LOCAL REG. <u>Nov. 26, 1956</u>		26. REGISTRAR'S SIGNATURE <u>Ether Andloff</u>						

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes.

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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 *Alvin Hood*

Licensed Embalmer No....27

P. O. Address 343 Cress St

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.