

FILED NOV 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34264

State File No.

BIRTH NO.		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>3035</u>		Registrar's No. <u>74</u>	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. LENGTH OF STAY (In this place) <u>years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		5430	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1515 Main St.</u>				d. STREET ADDRESS (If rural, give location) <u>1515 Main St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>			b. (Middle) <u>Melton</u>		c. (Last) <u>Marcersmith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 5, 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 10, 1884</u>		9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>25</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Eldon, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Allen Marcersmith</u>			13b. MOTHER'S MAIDEN NAME <u>Cirrelida Harrison</u>		14. NAME OF HUSBAND OR WIFE <u>Birdie Templeton</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Birdie Marcersmith Lex., Mo.</u>			
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">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. (a) <u>Arteriosclerosis of the coronary arteries</u> ANTECEDENT CAUSES <u>Failure of valves</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Arteriosclerosis</u></p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>					INTERVAL BETWEEN ONSET AND DEATH <u>1.5 IX</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept 1, 1949</u> , to <u>Oct 5, 1949</u> , that I last saw the deceased alive on <u>Oct 5, 1949</u> , and that death occurred at <u>5:25 AM</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title)				23b. ADDRESS <u>Lexington Mo.</u>		23c. DATE SIGNED <u>10/6/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 7, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wachpelah</u>		24d. LOCATION (City, town, or county) (State) <u>Lexington, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10/28/49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>[Address]</u>	

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

Bayne

RECEIVED NOV 9

District Health Officer No. 8,

District File Number _____

Date Filed 11-9-49

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 _____
Student Embalmer

Signed [Signature]

Licensed Embalmer No. 2983

P. O. Address Leungton 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 this body is not embalmed, fact should be so stated above.