

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37908

State File No. ....

FILED NOV 30 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 193 PRIMARY REG. DIST. NO. 5709 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural-Bufflo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Bufflo</u>	
c. LENGTH OF STAY (In this place) <u>46 years</u>		d. STREET ADDRESS (If rural, give location) <u>Goodman, Missouri Rt.1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Goodman, Missouri Rt.1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u>		b. (Middle) <u>Ellen</u>		c. (Last) <u>Charlton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 21 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 13, 1885</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 18 HRS. Days <u>8</u> Hours <u>   </u> Min. <u>   </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Louisiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>G.W. Sprague</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Blakely</u>		14. NAME OF HUSBAND OR WIFE <u>William Charlton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)	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 12/1, 1948, to 7/21, 1949, that I last saw the deceased alive on 7/18, 1949, and that death occurred at 5:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>L. B. Roberts</u> (Degree or title) <u>DO.</u>		23b. ADDRESS <u>Seneca Mo.</u>		23c. DATE SIGNED <u>7/23/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <u>New Bethel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>McDonald County Missouri</u>	

DATE REC'D BY LOCAL REG <u>July 25, 1949</u>	REGISTRAR'S SIGNATURE <u>Mr. Fred W. Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. B. Papineau</u> ADDRESS <u>Goodman</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

Signed.....  
Student Embalmer

Signed *John B. Papineau*  
Licensed Embalmer No. *4446*  
P. O. Address *Goodman, 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.

FILED NOV 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Date Filed **37908**

BIRTH NO. _____		REG. DIST. NO. <u>192</u>		PRIMARY REG. DIST. NO. <u>5709</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>McDonald</u>				2. USUAL RESIDENCE (When deceased lived. If institution, institution name) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>			
b. CITY (If outside corporate limits, write RURAL and give township)		c. LENGTH OF OR TOWN <u>Rural-Buffer</u>		c. CITY (If outside corporate limits, write RURAL and give township)		d. STREET ADDRESS	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Goodman, Missouri Rt. 1</u>		e. LENGTH OF TOWN <u>46 years</u>		d. CITY (If outside corporate limits, write RURAL and give township)		e. STREET ADDRESS <u>Goodman, Missouri Rt. 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u>		b. (Middle) <u>Ellen</u>		c. (Last) <u>Charlton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 21 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 13, 1885</u>	
9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of preceding life, even if retired) <u>Housewife</u>		11. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>G.W. Sprague</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Blakely</u>		14. NAME OF HUSBAND OR WIFE <u>William Charlton</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME _____		18. ADDRESS _____		19. MEDICAL CERTIFICATION	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
ANTECEDENT CAUSES Mention conditions, if any, giving rise to the above cause (a) during the underlying acute illness.		DUE TO (b) _____				DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (d) _____				DUE TO (e) _____	
20a. DATE OF OPERATION _____		20b. MAJOR FINDINGS OF OPERATION _____				20c. 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, etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. HOW DID INJURY OCCUR? _____	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21g. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>12/1 1948</u> to <u>7/21 1949</u> , that I last saw the deceased alive on <u>7/18 1949</u> , and that death occurred at <u>5:45 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L. B. Papineau, M.D.</u> (Degree or title)				23b. ADDRESS <u>Seneca Mo.</u>		23c. DATE SIGNED <u>7/23/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE _____		24c. NAME OF CEMETERY OR CREMATORY <u>New Bethel Cemetery</u>		24d. LOCATION (City, town, or county) <u>McDonald County Missouri</u>	
25. DATE REC'D BY LOCAL REG. <u>July 25 1949</u>		25a. REGISTRAR'S SIGNATURE <u>Max Fred W. Smith</u>		25b. FURNISH OR DIRECTOR'S ALTERNATE <u>L. B. Papineau, M.D.</u>		25c. ADDRESS _____	

(Licensee Embalmer's Signature on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Items #6, 11 amended by affidavit of Grandson of deceased 4-27-95

no