

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15694

25

BIRTH NO. _____		REG. DIST. NO. 366		PRIMARY REG. DIST. NO. 6341		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <i>Washington</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Washington</i>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Breton</i>		c. LENGTH OF STAY (in this place) <i>Years</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Breton Miss.</i>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Near Petoski</i>				d. STREET ADDRESS (If rural, give location) <i>Near Petoski</i>				
3. NAME OF DECEASED (Type or Print) a. (First) <i>Irene</i>			b. (Middle) <i>M.</i>		c. (Last) <i>Charboneau</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>April 24 1950</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>March 14 1903</i>	9. AGE (In years last birthday) <i>47</i>	IF UNDER 1 YEAR Months <i>10</i>	IF UNDER 11 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House work</i>		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) <i>Palmer Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13a. FATHER'S NAME <i>William Haggard</i>			13b. MOTHER'S MAIDEN NAME <i>Evelyn Wilkerson</i>		14. NAME OF HUSBAND OR WIFE <i>Luther Charboneau</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mary C. Spaggs Petoski Mo.</i>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocarditis</i>					INTERVAL BETWEEN ONSET AND DEATH	
		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.					<i>4222</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <i>April 1, 1949</i> to <i>April 24, 1950</i> , that I last saw the deceased alive on <i>April 21, 1950</i> and that death occurred at <i>6 a. m.</i> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <i>H. H. Creswell M.D.</i>				23b. ADDRESS <i>Petoski Mo.</i>		23c. DATE SIGNED <i>4/21/50</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>4-28-50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Petoski mausoleum</i>		24d. LOCATION (City, town, or county) (State) <i>Petoski Mo.</i>		
DATE REC'D BY LOCAL REG. <i>5/1/50</i>		REGISTRAR'S SIGNATURE <i>H. H. Creswell</i>		FUNERAL DIRECTOR'S SIGNATURE <i>Luther Charboneau</i>		ADDRESS <i>Petoski Mo.</i>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

RECEIVED

MAY 3 1950

DISTRICT HEALTH OFFICE No. 4

File No. 550-644

MAY 11 1950

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 Murphy L. Sparks

Licensed Embalmer No. 4236

P. O. Address Flat River, 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.