

FILED FEB 19 1951

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 5622

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Pike</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY - <u>Pike</u>						
b. CITY (If outside corporate limits, write RURAL and give township) <u>Louisiana Mo</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Prairieville Surp</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles North West of Eolia</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike Co Hospital</u>										
3. NAME OF DECEASED a. (First) <u>Charles</u> (Type or Print)			b. (Middle)	c. (Last) <u>Mc Samiel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 31 1951</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 6-1868</u>		9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 60 MIN. Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Widower</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W-W-Welch</u>		ADDRESS <u>Eolia 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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decomposition</u>								<u>unknown</u>		
ANTECEDENT CAUSES 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>senility</u>				<u>4500</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>exposure with frostbite both feet</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>12-28</u> , 19 <u>50</u> , to <u>2-1</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1-21</u> , 19 <u>51</u> , and that death occurred at <u>12:55</u> Am., from the causes and on the date stated above.										
23a. SIGNATURE <u>John H. Hooker, M.D.</u> (Degree or title)				23b. ADDRESS <u>Clarksville, Mo</u>		23c. DATE SIGNED <u>2-6-51</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 4-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Episcopal Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Eolia Mo</u>					
DATE REC'D BY LOCAL REG. <u>Feb 9, 1951</u>		REGISTRAR'S SIGNATURE <u>Berniece Callier</u>		374 25. FUNERAL DIRECTOR'S SIGNATURE <u>Mc Cue Funeral Service</u>		ADDRESS <u>Eolia</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

0821  
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Date Received: FEB 12 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 2-51-3P  
Date Filed: FEB 16 1951

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Norman E. Goseh

Signed.....  
Student Embalmer

Licensed Embalmer No. 2342

P. O. Address Edina 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.