

S. No. 300
V. 10.48

FILED JUN 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15803

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 159

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

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CALLAWAY</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>FULTON</u> | c. LENGTH OF STAY (in this place) <u>1 DAY</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>FULTON</u> <u>0143</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CALLAWAY HOSPITAL</u> | | d. STREET ADDRESS (If rural, give location) <u>THIRD ST.</u> <u>0</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>SOE</u> c. (Last) <u>M^SPHEETERS</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 8, 1951</u> |
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|--------------------|-------------------------------|--|---|---|
| 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>MAY 15, 1929</u> | 9. AGE (In years last birthday) <u>22</u> 0 <u>23</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. |
|--------------------|-------------------------------|--|---|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCK DRIVER</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>TRUCKING</u> | 11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u> <u>0</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> |
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|--|---|--|
| 13a. FATHER'S NAME <u>FORREST M^SPHEETERS</u> | 13b. MOTHER'S MAIDEN NAME <u>MARY E. HOFFMAN</u> | 14. NAME OF HUSBAND OR WIFE <u>SYLVIA M^SPHEETERS</u> |
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| 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>Mr. Forrest M^SPheeters, Avenue. 7th</u> | ADDRESS <u>...</u> |
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| 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) <u>fractured ribs, left with ruptured lung</u> <u>4th & 15th ribs broken</u> DUE TO (b) <u>trauma (fall out of truck)</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH <u>- 12 hrs</u> <u>8 2 34</u> |
| | 19a. DATE OF OPERATION <u>none</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>none</u> |

| | | |
|---------------------------------------|---|---|
| 19a. DATE OF OPERATION <u>none</u> | 19b. MAJOR FINDINGS OF OPERATION <u>none</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|---------------------------------------|---|---|

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| 21a. ACCIDENT (Specify) <u>HOMICIDE</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>County Road</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>near Fulton, Callaway, Mo. 014</u> |
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| 21d. TIME OF INJURY <u>June 7, 1951 5:30 p.m.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Truck ran off Road in thorn brush near 1/2 way from truck</u> |
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22. I hereby certify that I attended the deceased from 6/7, 1951, to 6/8, 1951, that I last saw the deceased alive on 6/8, 1951, and that death occurred at 2nd a.m., from the causes and on the date stated above.

| | | | |
|--|-------------------|------------------------------------|-----------------------------------|
| 23a. SIGNATURE <u>Nancy Smith, M.D.</u> | (Degree or title) | 23b. ADDRESS <u>Fulton, Mo.</u> | 23c. DATE SIGNED <u>6/8/51</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>6/10/1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Avenue</u> | 24d. LOCATION (City, town, or county) (State) <u>Callaway, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>June 9-1951</u> | REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> | 426 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>margin funeral home, Fulton, Mo.</u> | ADDRESS <u>...</u> |
|--|--|-----|---|-----------------------|

(Licensed Embalmer's Statement on Reverse Side)

File No. _____
DISTRICT HEALTH OFFICE No. 4

JUN 11 1951

RECEIVED

JUL 18 1961

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 Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, 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.