

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 19399
 Registrar's No. 52

FILED JUN 29 1951

BIRTH NO. _____ REG. DIST. NO. 321 PRIMARY REG. DIST. NO. 5114

0090
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH. a. COUNTY Bollinger		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bollinger	
b. CITY OR TOWN Sturdivant	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Sturdivant Wayne T.S.	d. STREET ADDRESS (If rural, give location) 0090
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) _____ c. (Last) Black			4. DATE OF DEATH (Month) (Day) (Year) 6 - 6 - 51		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 24 1881		9. AGE (In years last birthday) 70 If UNDER 1 YEAR: Months 3 Days 18 If UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Meredosia Ill.	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME John Black		13b. MOTHER'S MAIDEN NAME Eliza Reed		14. NAME OF HUSBAND OR WIFE Cynthia Black.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Cynthia Black, Sturdivant Mo. ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS		DUE TO (b) ARTERIO SCLEROSIS			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 4201 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 6, 1950, to 6-6, 1951, that I last saw the deceased alive on 6-2, 1951, and that death occurred at 10:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE W. H. Sullivan (Degree or title)		23b. ADDRESS Puxico Mo.		23c. DATE SIGNED 6/8/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 8 1951		24c. NAME OF CEMETERY OR CREMATORY Baker	
24d. LOCATION (City, town, or county) (State) Lutesville Missouri.					

DATE REC'D BY LOCAL REG. 6-22-51		REGISTRAR'S SIGNATURE Willie Vandenburg		25. FUNERAL DIRECTOR'S SIGNATURE Walter Service ADDRESS Puxico Mo.	
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RECEIVED

JUN 27 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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 Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.