

FILED AUG 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27532

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) McTernon Rural		c. CITY (If outside corporate limits, write RURAL and give township) McTernon Rural 0550	
c. LENGTH OF STAY (In this place) 26 years		d. STREET ADDRESS (If rural, give location) County Farm Home 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) Charlie b. (Middle) — c. (Last) Featherston		4. DATE OF DEATH (Month) (Day) (Year) Aug 10 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Not known	8. DATE OF BIRTH
9. AGE (In years last birthday) 4	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Not known	10b. KIND OF BUSINESS OR INDUSTRY Not known	11. BIRTHPLACE (State or foreign country) Ireland
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY? USA	13a. FATHER'S NAME Not known	
13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME Not known	14. NAME OF HUSBAND OR WIFE Not known	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elmer Wallace Supp Co. Farm	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility		INTERVAL BETWEEN ONSET AND DEATH No	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. No	
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) 794 X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7:30 PM, 1951, to 8:19 AM, 1951, that I last saw the deceased alive on 8/19, 1951, and that death occurred at 9:45 AM, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Berneth Glover MD		23b. ADDRESS McTernon, Mo	
23c. DATE SIGNED 8/13/51		23d. ADDRESS	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 17 1951	24c. NAME OF CEMETERY OR CREMATORY Peters Field	24d. LOCATION (City, town, or county) (State) Near McTernon Mo
DATE REC'D BY LOCAL REG. Aug 16, 1951	REGISTRAR'S SIGNATURE Carl Hendricks	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo B Orr McTernon Mo	

(Licensed Embalmers' Statement on Reverse Side)

550
5

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

DIVISION OF HEALTH OF MA.
District No. Springfield

RECEIVED AUG 21 1951
Dist. File 851-1536-
Date Filed 8-23-51-

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *George B. Orr*

Licensed Embalmer No. *946*

P. O. Address *Mt Vernon 270*

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.