

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29440

State File No. _____

FILED OCT 11 1951

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>14042</u>		Registrar's No. <u>69</u>	
1. PLACE OF DEATH a. COUNTY <u>BELLINGER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>MADISON.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lutesville</u>		c. LENGTH OF STAY (In this place) <u>5 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lutesville</u>		<u>0620</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BOND. NURSING HOME</u>				d. STREET ADDRESS (If rural, give location) <u>Lutesville - Lawrence</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>CHARLESVILLE</u>		c. (Last) <u>CHARLESVILLE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 2 51</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>3-26-1865</u>		9. AGE (In years last birthday) <u>86</u> If under 1 year: Months <u>7</u> Days <u>24</u> If under 1 month: Hours <u>24</u> Min. <u>15</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING - FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ill - 1</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>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lutesville</u> ADDRESS <u>COUNTY - WELFAR. OFFICE, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardiovascular disease</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	
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)	
21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>May 6</u> , 19 <u>51</u> , to <u>Oct. 2</u> , 19 <u>51</u> ; that I last saw the deceased alive on <u>Sept. 29</u> , 19 <u>51</u> , and that death occurred at <u>12:30 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Everette L. Price</u>		(Degree or title)		23b. ADDRESS <u>D. O. Lutesville, Mo.</u>		23c. DATE SIGNED <u>10/5/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-3-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BELLINGER CO. COUNTY - MEM.</u>		24d. LOCATION (City, town, or county) (State) <u>LUTESVILLE, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 5-1951</u>		REGISTRAR'S SIGNATURE <u>Willie Van Amburg</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Shuttlesworth</u>		ADDRESS <u>Lutesville, Mo.</u>	

(Licensed Embalmers' Statement of Reverse Side)

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

RECEIVED

OCT 10 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 _____

W. A. T. Embom

Student Embalmer No.

working under my personal supervision.

Signed _____

Signed
Student Embalmer

Licensed Embalmer No.

P. O. Address _____

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.