

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40484**

FILED NOV 16 1951

BIRTH NO.		REG. DIST. NO. 360	PRIMARY REG. DIST. NO. 3076	Registrar's No. 177
1. PLACE OF DEATH a. COUNTY Vernon 1042		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Vernon		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monticello Nevada 6mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moundville 1080		
d. FULL NAME OF HOSPITAL OR INSTITUTION Sunderworth Nursing Home		d. STREET ADDRESS (If rural, give location) 1		
3. NAME OF DECEASED a. (First) CHARLES b. (Middle) HUGHES c. (Last) ROSEBERRY			4. DATE OF DEATH (Month) (Day) (Year) Nov. 6 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 29 1875	9. AGE (In years last birthday) 74 <input type="checkbox"/> UNDER 1 YEAR Months 10 Days 7 <input type="checkbox"/> UNDER 1 MONTH Hours 7 <input type="checkbox"/> UNDER 1 HOUR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal mines		10b. KIND OF BUSINESS OR INDUSTRY Worker in coal mines.		11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Unknown		
13b. MOTHER'S MAIDEN NAME Hattie Miles		14. NAME OF HUSBAND OR WIFE Widowed		
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. No		17. INFORMANT'S SIGNATURE AND ADDRESS Mare Gene McKeur Joseph, Mo.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of face- ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 2 years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 191X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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 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 June 10, 1951 , to Nov 3, 1951 , that I last saw the deceased alive on Nov 3, 1951 , and that death occurred at 4 P. m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) J. J. Newlon		23b. ADDRESS Nevada Mo		23c. DATE SIGNED 11-10-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 9 1951		24c. NAME OF CEMETERY OR CREMATORY Malborn Cemetery Near Mt. Vernon Mo.
24d. LOCATION (City, town, or county) (State) Mo.		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Allen V. Hays Nevada, Mo		
DATE REC'D BY LOCAL REG. 11-10-1951		REGISTRAR'S SIGNATURE WMA & J. J. Newlon		51

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED NOV 10 1951

Dist. File 1151-1966

Date Filed 11-13-51

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.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Allen J. Kaye

Licensed Embalmer No. 1968

P. O. Address Nevada 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.