

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1749

State File No.

FILED FEB 13 1952

BIRTH NO. REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 23

193
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jasper</u> <u>1490</u>	
c. LENGTH OF STAY (If this place) <u>13 days</u>		d. STREET ADDRESS (If rural, give location) <u>5th & Maiden Lane</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCune-Brooks Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>GODFREY</u> c. (Last) <u>TONQUEST</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 5, 1952</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>March 1, 1872</u>		9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months Days Hours Min.		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>ret. grocer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>wholesale grocer</u>			11. BIRTHPLACE (State or foreign country) <u>Brooklyn, New York</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
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13a. FATHER'S NAME <u>unknown</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Augusta Chase Tonquest</u>					
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. C.G. Tonquest, Jasper, Mo</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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis, Chronic</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>								INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs.</u>	
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19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Jan 22, 1952, to Feb 5, 1952, that I last saw the deceased alive on Feb 4, 1952, and that death occurred at 2:05a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George H. Wood</u> MD		23b. ADDRESS <u>Carthage, Mo</u>		23c. DATE SIGNED <u>2-5-52</u>	
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24a. BURIAL OR CREMATION (Specify) <u>burial</u>		24b. DATE <u>2-5-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Calvary cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>	
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DATE RECD BY LOCAL REG. <u>2-5-52</u>		REGISTRAR'S SIGNATURE <u>J.B. Clinton, MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary, Carthage, Mo</u>			
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RECEIVED 2-12-52
Jasper County Health Office

County File Number 52/2/124

Date Filed 2-13-52

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 Frank W. Snell

Licensed Embalmer No. 4440

P. O. Address Carthage

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.