

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23246**

No. 300  
10-46  
JUL 14 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **143**

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Marshall, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Miami Twn.</b>	
c. LENGTH OF STAY (In this place) <b>7 Days</b>		d. STREET ADDRESS (If rural, give location) <b>6 Miles N. East of Marshall, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Fitzgibbon Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Arthur</b> c. (Last) <b>North</b>		4. DATE OF DEATH July <b>11</b> 1952	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 4-1881</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>General Farm work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>	9. AGE (In years last birthday) <b>71</b> IF UNDER 1 YEAR Months <b>6</b> Days <b>7</b> IF UNDER 24 HRS. Hours <b>7</b> Min.
11a. BIRTHPLACE (City and State or Foreign Country) <b>Camden County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>William North</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Moulder</b>	14. NAME OF HUSBAND OR WIFE <b>Stella Stone North</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Raymond North-Marshall, Missouri</b>

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cholelithiasis &amp; jaundice</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 mo.</b>
	ANTECEDENT CAUSES Morbidity 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. <b>Hypertension 5847</b>		

19a. DATE OF OPERATION <b>7/9/52</b>	19b. MAJOR FINDINGS OF OPERATION <b>Infected gall bladder to stones also stones in common duct</b>	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 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 **Jan 11, 1952**, to **July 11, 1952**, that I last saw the deceased alive on **July 11, 1952**, and that death occurred at **2 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Arnold Payne M.D.</b>	23b. ADDRESS <b>Marshall, Mo.</b>	23c. DATE SIGNED <b>7/12/52</b>
---	-----------------------------------	---------------------------------

24a. BURIAL (CREMATION, REMOVAL) (Specify) <b>Buried</b>	24b. DATE <b>7/15/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Grove</b>	24d. LOCATION (City, town, or county) (State) <b>10 mi. S.W. - Max Creek, Mo.</b>
--	--------------------------	--	---

DATE REC'D BY LOCAL REG. <b>July 12-1952</b>	REGISTRAR'S SIGNATURE <b>3850</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Leahy Swanson - Marshall, Missouri</b>	ADDRESS
--	-----------------------------------	---	---------

(Licensed Embalmer's Statement on Reverse Side)

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

977  
0

**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 J. L. Sullivan.....  
Licensed Embalmer No. 32635.....

P. O. Address Marshall, Missouri

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.