

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5-657 24968
State File No.

FILED AUG 11 1952

BIRTH NO. _____ REG. DIST. NO. 17E PRIMARY REG. DIST. NO. 5-65-2 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY OR TOWN <u>Lg Russeck Red Oak</u>	c. LENGTH OF STAY (in this place) <u>Native</u>	c. CITY OR TOWN <u>Lg Russeck Red Oak</u>	<u>0550</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dana</u> b. (Middle) <u>Bird</u> c. (Last) <u>Charles</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-22-1952</u>		
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>12-8-1872</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Lawrence Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.C.</u>	

13a. FATHER'S NAME <u>Jasper Charles</u>	13b. MOTHER'S MAIDEN NAME <u>June Elizabeth Brice</u>	14. NAME OF HUSBAND OR WIFE <u>Maud Charles</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Maud Charles</u> ADDRESS <u>Lafayette 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u> <u>3 wks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure acute</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary occlusion</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Renal insufficiency</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 July 17, 1952, to July 22, 1952, that I last saw the deceased alive on July 22, 1952, and that death occurred at 9 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Emery J. Minton M.D.</u> (Degree or title)	23b. ADDRESS <u>Carthage Mo.</u>	23c. DATE SIGNED <u>JUL 24 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-24-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Red Oak</u>	24d. LOCATION (City, town, or county) (State) <u>N.W. of Miller Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-1-52</u>	REGISTRAR'S SIGNATURE <u>W. S. Beckman</u> 158	25. FUNERAL DIRECTOR'S SIGNATURE <u>Monroe Leiman</u> ADDRESS <u>Miller Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0550

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. R. Leiman

Licensed Embalmer No. 3297

P. O. Address Miller 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.