

U.S. No. 304
REV. 10-48

FILED OCT 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34135

330
6043

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

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>163</u>			
1. PLACE OF DEATH a. COUNTY <u>ANDRAIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ANDRAIN</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO MO 0242</u>		d. STREET ADDRESS (If rural, give location) <u>804 W. MONROE ST</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>804 W. MONROE ST.</u>				d. STREET ADDRESS (If rural, give location) <u>804 W. MONROE ST</u>					
3. NAME OF DECEASED (Type or Print) <u>CHARLES WARNER SQUIRES</u>			a. (First)			b. (Middle)			
c. (Last)			4. DATE OF DEATH <u>OCT 12 1952</u>			(Month) (Day) (Year)			
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 25 1917</u>			
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours			
10a. USUAL OCCUPATION (Other kind of work done during most of working life, even if retired) <u>ELECTRICIAN</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>ELECTRAL</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ANDRAIN MO</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>WM. SQUIRES</u>		13b. MOTHER'S MAIDEN NAME <u>ANNIE DEARING</u>			
14. NAME OF HUSBAND OR WIFE <u>WINIFRED SQUIRES</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____			
17. INFORMANT'S SIGNATURE OR NAME <u>MRS CHARLES SQUIRES</u>				ADDRESS <u>MEXICO</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 months</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Hypertensive Cardio-vascular disease</u>				unknown	
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing 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 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 <u>9-3</u> , 19 <u>52</u> , to <u>10-12</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10-12</u> , 19 <u>52</u> , and that death occurred at <u>12:30</u> p.m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Ernest S. Jantl</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Mexico, Mo</u>				23c. DATE SIGNED <u>10-13-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-14-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD</u>		24d. LOCATION (City, town, or county) <u>MEXICO MO</u>		(State) <u>MO</u>	
DATE REC'D BY LOCAL REG. <u>Oct 13-1952</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. Arnold</u>			ADDRESS <u>Mexico Mo</u>	

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 Richard Y. McDonald

Licensed Embalmer No. 4825

P. O. Address Memphis, 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.