

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**37624**

State File No. ....

**FILED NOV 17 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 5103 Registrar's No. 34

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Benton</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>MO</u> b. COUNTY <u>Benton</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARSAW Lindsay</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARSAW - 6 Miles Rural</u>                          |  |
| c. LENGTH OF STAY (In this place) <u>Life</u>  |  | d. STREET ADDRESS (If rural, give location) <u>Lindsay Top 6 Miles N.E. 008</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>  |  |   |  |

|   |                               |   |   |   |  |
|---|-------------------------------|---|---|---|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>ED</u> c. (Last) <u>TEMPLETON</u> |                               |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 13, 1952</u> |   |  |
| 5. SEX <u>MALE</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>Feb 14, 1864</u>                      | 9. AGE (In years last birthday) <u>88</u>                     | # UNDER 1 YEAR<br># UNDER 100 HRS.<br># UNDER 100 MIN.<br><u>8</u> <u>29</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>        |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>                         |   | 11. BIRTHPLACE (State or foreign country) <u>Benton Co MO</u> |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>   |                               |   |   |   |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 13a. FATHER'S NAME <u>Issac Templeton</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Eliza Unknown</u> |  | 14. NAME OF HUSBAND OR WIFE _____  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) |  | 16. SOCIAL SECURITY NO. <u>NONE</u>            |  | 17. INFORMANT'S SIGNATURE OR NAME <u>R. E. Templeton</u> ADDRESS <u>Warsaw</u> |  |

|  |  |  |  |
|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>34 hrs</u><br><u>10 yrs</u> |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>arterosclerosis</u> |  |  |
|  | DUE TO (c) <u>Senility</u>   |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 19a. DATE OF OPERATION                          |  | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u>   |  | 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 Mar, 1949, to Nov 13, 1952, that I last saw the deceased alive on Nov 12, 1952, and that death occurred at 9:3 P m., from the causes and on the date stated above.

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 23a. SIGNATURE <u>Suss Sally</u> (Degree or title) <u>DD</u>          |  | 23b. ADDRESS <u>Warsaw, Mo</u>   |  | 23c. DATE SIGNED <u>11/15/52</u>   |  |
| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>                |  | 24b. DATE <u>Nov 15, 1952</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Feaster Cemetery</u>                 |  |
| 24d. LOCATION (City, town, or county) (State) <u>Warsaw Benton MO</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Reed</u> ADDRESS <u>Warsaw</u> |  |  |  |
| DATE REC'D BY LOCAL REG. <u>Nov 15, 1952</u>                          |  | REGISTRAR'S SIGNATURE <u>Jas. A. Logan</u>                                 |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Reed</u> ADDRESS <u>Warsaw</u> |  |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

**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.....

*John J. Reser*

Licensed Embalmer No. *4098*

P. O. Address *Warsaw*

**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.