

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43006

State File No.

FILED JAN 2 7 13 5 1953

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5911 Registrar's No. 191

780

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

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bevel Passaden Miss</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bevel Passaden Miss</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Passaden Miss</u>		e. STREET ADDRESS (If rural, give location) <u>Passaden Miss 0780</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Coastal</u> b. (Middle) <u>Charles</u> c. (Last) <u>McCall</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 23 52</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>12/26/52</u>
9. AGE (In years last birthday) _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____	11. BIRTHPLACE (State or foreign country) <u>Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>us.</u>		13a. FATHER'S NAME <u>L.E. McCall</u>	
13b. MOTHER'S MAIDEN NAME <u>Beatrice Powers</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>L.E. McCall</u>		ADDRESS <u>Passaden Miss</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>atalectasis</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		7620	
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>Dec 23 1952</u> to <u>Dec 23 1952</u> , that I last saw the deceased alive on <u>Dec 23 1952</u> , and that death occurred at <u>1:00 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Daniel R. Hensley MD</u> (Degree or title)		23b. ADDRESS <u>Caveithersville</u>	
23c. DATE SIGNED <u>12/26</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>12-27-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>County</u>	
24d. LOCATION (City, town, or county) (State) <u>Hayti Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Friends</u>	
25. FUNERAL DIRECTOR'S ADDRESS _____		DATE REC'D BY LOCAL REG <u>12-30-52</u>	
REGISTRAR'S SIGNATURE <u>John St. German</u>		406-	

12-386-52

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 70
CARUTHERSVILLE, MO.

DEC 31 1952

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.....

working under my personal supervision.

Student Embalmer No.....

Not Embalmed

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.