

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2783**
Registrar's No. **18**

FILED JAN 26 1953
BIRTH NO. **124**

REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **3059**

941
0

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

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BONNE TERRE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FLAT RIVER 0942	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) H10 CHANE ST. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION BONNE TERRE HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) ZENO c. (Last) Whitt			4. DATE OF DEATH (Month) (Day) (Year) JAN. 12, 1953		
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Feb. 18, 1889		9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months 10 Days 24	
IF UNDER 24 HRS. Hours Min. 		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) BONNE TERRE, MO.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME JAMES Whitt		13b. MOTHER'S MAIDEN NAME RACHEL ANN WILLIAMS		14. NAME OF HUSBAND OR WIFE UNKNOWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 490-14-1912		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roy Curtis Flat River, Mo.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardic Nucleus disease			INTERVAL BETWEEN ONSET AND DEATH sub
		ANTECEDENT CAUSES Morbid 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. 443X			

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) (Min.)		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 5, 1953**, to **Jan 12, 1953**, that I last saw the deceased alive on **Jan 12, 1953** and that death occurred at **2 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. Lawrence, M.D.		23b. ADDRESS Farmington Mo.		23c. DATE SIGNED 1-11-53	
24a. BURIAL, CREMATION, REMOVAL BURIAL		24b. DATE JAN. 14, 1953		24c. NAME OF CEMETERY OR CREMATORY WOODLAWN	
		24d. LOCATION (City, town, or county) (State) LEADINGTON, MO.			

DATE REC'D BY LOCAL REG. Jan. 17, 1953		REGISTRAR'S SIGNATURE Cather Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Raymond Caldwell Flat River, Mo.	
---	--	---	--	--	--

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 *R. Caldwell*

Licensed Embalmer No. *2531*

P. O. Address *Flat River, 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.