

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

State File No. **4776**

FILED MAR 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 4028 Registrar's No. 6

0060

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

1. PLACE OF DEATH a. COUNTY <u>Barton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Liberal</u>		c. LENGTH OF STAY (In this place) <u>74 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Liberal</u>		0060
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>city</u>			d. STREET ADDRESS (If rural, give location) <u>city</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u>		b. (Middle) <u>Eligabeth</u>		c. (Last) <u>Charlton</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 21 1953</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 14, 1875</u>		9. AGE (In years last birthday) Months Days <u>78</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Lemuel Peterson</u>		13b. MOTHER'S MAIDEN NAME <u>Polly Russell</u>	
14. NAME OF HUSBAND OR WIFE <u>John Charlton Sr.</u>		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>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>John Charlton Sr. Liberal, Mo.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Inoperable Carcinoma of Descending Colon</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
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>Carcinoma of Descending Colon</u>		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Benign Tumor</u> " " <u>5 yrs.</u>	
DUE TO (c) <u>Mucous Colitis & Senility</u> <u>10 yrs.</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive Heart Disease</u> <u>10 yrs.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>153X</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 <u>Jan. 25, 1945</u> , to <u>Feb. 21, 1953</u> , that I last saw the deceased alive on <u>Feb. 21, 1953</u> , and that death occurred at <u>5:45 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>M. H. Kulland, D.O.</u>			23b. ADDRESS <u>Liberal, Mo.</u>		23c. DATE SIGNED <u>2-24-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-24-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McKil</u>		24d. LOCATION (City, town, or county) (State) <u>Vernon County Mo.</u>
DATE REC'D BY LOCAL REG. <u>Feb 28, 1953</u>		REGISTRAR'S SIGNATURE <u>Charlotte McDowell</u>		FURNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. M. Peshe, Mulberry, Kans</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed _____

J. M. Berkeley

Signed
Student Embalmer

Licensed Embalmer No. 2336

P. O. Address Mulberry, Kans.

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.