

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

State File No. **8519**

No. 300  
10-48

**FILED FEB 24 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 4526 Registrar's No. 6

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Vernon</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sheldon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sheldon</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1080</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		e. STREET ADDRESS (If rural, give location) <u>0</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>CHARLES</u>	b. (Middle)	c. (Last) <u>AULT</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Feb. 7 53</u>
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Dec. 15 1877</u>	<b>9. AGE</b> (In years last birthday) <u>75</u>	<b>10. UNDER 1 YEAR</b> Months _____ Days _____	<b>11. UNDER 2 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>School Janitor</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>School</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Blackburn Mo.</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>Us</u>
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<b>13a. FATHER'S NAME</b> <u>Ezra T. Ault</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Louisa Hayes</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Elsie Conley Ault</u>
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<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>516 03 7968</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Elsie Ault Sheldon</u>	<b>ADDRESS</b> <u>Sheldon</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>3 day</u> <u>5 yrs</u> <u>1 yr</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <u>Cerebral Hemorrhage</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b)</b> <u>Arteriosclerosis</u> <b>DUE TO (c)</b> <u>Secondary Anemia</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>331X</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Sheldon Mo. Barton Co. Mo.</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 7:20 1953, to 7:45, 1953, that I last saw the deceased alive on Feb 7, 1953, and that death occurred at 12:45 m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>C. B. Annister M.D.</u>	<b>23b. ADDRESS</b> <u>Sheldon Mo.</u>	<b>23c. DATE SIGNED</b> <u>2-8-53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Feb. 9 53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>St. James</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Barton Co. Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>Feb 16 1953</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Mrs Ruth Faith</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Charles Deeny</u>	<b>ADDRESS</b> <u>Sheldon</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

**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 L. Gerald Beeny

Licensed Embalmer No. 4203

P. O. Address Shiloh, 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.