

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15168**

FILED APR 29 1953

BIRTH NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **4409** DISTRICT OFFICE **PLUMMERVILLE, MO** DATE OF DEATH **APR 20 1953**

480
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived, or if institutional residence before admission) a. STATE MO COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) Bragg City		c. CITY (If outside corporate limits, write RURAL and give township) Bragg City, Mo.	
c. LENGTH OF STAY (in this place) 16 yrs		d. STREET ADDRESS (If rural, give location) 6201 S 99A	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Charles E. b. (Middle) Venable c. (Last) Venable			4. DATE OF DEATH (Month) (Day) (Year) April 20-1953		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH July 29-1892	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 8 Days 21	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Garage owner	10b. KIND OF BUSINESS OR INDUSTRY Garage	11. BIRTHPLACE (State or foreign country) PLUMMERVILLE ARK.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Wm L. Venable	13b. MOTHER'S MAIDEN NAME Alice C. Venable	14. NAME OF HUSBAND OR WIFE Alice Venable
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 429-16-8844	17. INFORMANT'S SIGNATURE OR NAME Alice Venable	ADDRESS Bragg City, Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown - She died without medical attention		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) without medical attention		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		7955	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bragg City Pemiscot Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-20-53 12:50 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Wife found him just as he was dying
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **12:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE John H. German (Degree or title) 3 Physician	23b. ADDRESS Stuyvesant, Mo	23c. DATE SIGNED 4-20-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-23-53	24c. NAME OF CEMETERY OR CREMATORY Plummerville	24d. LOCATION (City, town, or county) (State) Plummerville Ark
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DATE REC'D BY LOCAL REG. 4-27-53	REGISTRAR'S SIGNATURE John H. German	406- 406	25. FUNERAL DIRECTOR'S SIGNATURE Lenta Funeral Home	ADDRESS Kennett, Mo
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4-153-53

Edgar Lee Ford

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

APR 28 1953

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 *Edgar Lee Ford*

Licensed Embalmer No. *4433*

P. O. Address *Kennett 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.