

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

**20742**

State File No. ....

**FILED JUL 6 - 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 719

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Cochran</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Grundy</u>
c. LENGTH OF STAY (in this place) <u>24 hr 25 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Orenton - RURAL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>State Hospital no 2</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <u>Charles</u>	b. (Middle) <u>Embry</u>	c. (Last)	Month <u>June</u>	Day <u>29</u>	Year <u>1953</u>
<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>never married</u>	<b>8. DATE OF BIRTH</b> <u>not given</u>		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>farming</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Missouri</u>		
<b>13a. FATHER'S NAME</b> <u>not given</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>not given</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>none</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>none</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Henry Smith Sheriff</u>		
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		DUE TO (b) <u>arteriosclerosis</u>			<u>?</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			<u>?</u>
II. OTHER SIGNIFICANT CONDITIONS		<u>Senile Psychosis</u>			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<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>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<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>	

**22. I hereby certify that I attended the deceased from** Jan 1, 1953, to June 29, 1953, that I last saw the deceased alive on June 29, 1953, and that death occurred at 9:40 m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Forrest Thomas M.D.</u>	<b>23b. ADDRESS</b> <u>St Joseph Mo State Hosp. no 2</u>	<b>23c. DATE SIGNED</b> <u>6/30-53</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>	<b>24b. DATE</b> <u>4/20/53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Kirksville College</u>
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Kirksville Mo.</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Carroll Clark</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>July 1, 1953</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Lothar M. Allison</u>	<b>ADDRESS</b> <u>120 Illinois Ave</u>

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Eric J. Sherry*

Signed.....

Student Embalmer

Licensed Embalmer No. *4679*

P. O. Address. *St. Joseph, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.