

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
State File No. **43348**

BIRTH NO. DEC 31 1953		REG. DIST. NO. 156	PRIMARY REG. DIST. NO. 2001	Registrar's No. 570
1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give township) Joplin	c. LENGTH OF STAY (In this place) 5 months	c. CITY (If outside corporate limits, write RURAL and give township) Sarcovie 0490		
d. FULL NAME OF HOSPITAL OR INSTITUTION Rest Home 2302 Pennsylvania		d. STREET ADDRESS (If rural, give location) 1		
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) Wilbert	c. (Last) Cale	4. DATE OF DEATH (Month) (Day) (Year) Dec 16 1953
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2	8. DATE OF BIRTH June-12-1869	9. AGE (In years last birthday) If UNDER 1 YEAR Days Hours Mins. 84 6 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Miner Illinois	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Preston Cale		13b. MOTHER'S MAIDEN NAME Sarah Jane Cale	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE, OR NAME ADDRESS Mrs. Fern Crisp Kansas City, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized carcinoma DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis generalized		INTERVAL BETWEEN ONSET AND DEATH 2 yrs 15 yrs
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) 177 X		
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 Oct 10, 1953 , to Dec 16, 1953 , that I last saw the deceased alive on Dec 16, 1953 , and that death occurred at 2:15 P.m. , from the causes and on the date stated above.				
23a. SIGNATURE G. Schulto		(Degree or title) M. D.	23b. ADDRESS 421 Frisco Bldg, Joplin, Mo	23c. DATE SIGNED 12/21/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-19-53	24c. NAME OF CEMETERY OR CREMATORY Sarcovie Cemetery	24d. LOCATION (City, town, or county) (State) Sarcovie Mo	
DATE REC'D BY LOCAL REG. 12-22-53	REGISTRAR'S SIGNATURE Ed S. James 138	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Max L. Fessitt Mt Vernon Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

6-28-53

RECEIVED DEC 28 1953
Jasper County Health Office

County File Number 53-12-1039

Date Filed DEC 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 Max L. Forett

Licensed Embalmer No. 4252

P. O. Address McVernon, 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.