

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9357**
Registrar's No. **177**

BIRTH NO. FILED **MAR 17 1954** REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **3041**

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon	c. LENGTH OF STAY (in this place) 7 Yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon 0611	
d. FULL NAME OF HOSPITAL OR INSTITUTION 124 Missouri		d. STREET ADDRESS (If rural, give location) 124 Missouri	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Lyons c. (Last) Kale			4. DATE OF DEATH (Month) (Day) (Year) Feb. 18, 1954			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 19, 1877	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCKER		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Alexander S. Kale	13b. MOTHER'S MAIDEN NAME Martha Roland	14. NAME OF HUSBAND OR WIFE Dec.
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) NO. 489-40-3306	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Kale, Macon, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural But Undetermined		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. This man died in his sleep.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) 7955
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **Apr 2, 1954**, to **Apr 2, 1954**, that I last saw the deceased alive on **Apr 2, 1954**, and that death occurred **Apr 2, 1954**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lester Hutton 3 Coroner	23b. ADDRESS Macon, Mo.	23c. DATE SIGNED Feb 20, 54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 21, 54	24c. NAME OF CEMETERY OR CREMATORY Bethlehem Cem R.F.D. Macon Mo
24d. LOCATION (City, town, or county) (State)	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lester Hutton Macon, Mo	

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

RECEIVED
MACON COUNTY HEALTH DEPARTMENT
County File No. 3.54.29
Date Filed 3.12.54

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

Charles L. Sutton

Licensed Embalmer No.

4577

P. O. Address

Macon, 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.