

FILED AUG 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28249

BIRTH NO. <u>134</u>		REG. DIST. NO. <u>206</u>		PRIMARY REG. DIST. NO. <u>3042</u>		Registrar's No. <u>48</u>	
1. PLACE OF DEATH a. COUNTY <u>MADISON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FREDERICKTOWN</u>		c. LENGTH OF STAY (in this place) <u>23 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FREDERICKTOWN</u>		0621	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>411 NORTH MAIN ST.</u>				d. STREET ADDRESS (If rural, give location) <u>411 NORTH-MAIN ST.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>CHARLES</u>		b. (Middle) <u>CLARK</u>		c. (Last) <u>BEBOUT</u>	
4. DATE OF DEATH		(Month) <u>AUGUST</u>		(Day) <u>20</u>		(Year) <u>1954</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JUNE 3, 1872</u>	
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>		IF UNDER 12 HRS. Hours <u>-</u> Min. <u>-</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER - RETIRED</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GEORGE M. BEBOUT</u>		13b. MOTHER'S MAIDEN NAME <u>MINERVA WALLACE</u>		14. NAME OF HUSBAND OR WIFE <u>EMMA B. BEBOUT</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>EMMA B. BEBOUT, FREDERICKTOWN, MO.</u>			
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.		MEDICAL CERTIFICATION					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 mos</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral embolism</u>				1 week before thrombosis	
		DUE TO (c)					
		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)		332 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 <u>June 4, 1954</u> , to <u>8-20, 1954</u> , that I last saw the deceased alive on <u>8-20, 1954</u> , and that death occurred at <u>5:35 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. W. DeLaney D.O.</u>		23b. ADDRESS <u>Fredericktown Mo.</u>		23c. DATE SIGNED <u>8/21/54</u>			
24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-22-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MARCUS MEMORIAL PARK CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>MADISON COUNTY, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>8-21-1954</u>		REGISTRAR'S SIGNATURE <u>Therence Hicks</u>		187		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sam Sajim, Jr., Fredericktown, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

INDUSTRIAL COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

RECEIVED
AUG 23 1954

FILE No. 854-49

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 Sam Hajim, Jr.

Licensed Embalmer No. 4299

P. O. Address Fredericktown, 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.