No. 300
10.48

FILED SEP 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29495

980
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BIRTH NO. _____ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 6094 Registrar's No. 33

1. PLACE OF DEATH
a. COUNTY: Schuyler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL Chariton
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Schuyler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Chariton Township
d. STREET ADDRESS (If rural, give location): East of Coatsville 0980 0

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) W. c. (Last) Squires

4. DATE OF DEATH (Month) Sept (Day) 8 (Year) 1954

5. SEX: M. 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: June 23 1867
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months 2 Days 15 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired Salesman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Davis Co. Iowa 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Nehemiah H Squires
13b. MOTHER'S MAIDEN NAME: Nancy Evans
14. NAME ~~OF HUSBAND OR~~ WIFE: Mina Squires - Deceased

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: Fern O Dodson — ADDRESS: Greentop 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angestine Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sclerosis — 6 yrs
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: 45001
20. AUTOPSY? YES ☐ NO ☒

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/18/48, 19___, *to* 9/8/54, 19___, *that I last saw the deceased alive on* 9/8/54, 19___, *and that death occurred at* 1:20 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Arf. T. Davidson 2 Dr
23b. ADDRESS: Lancaster Mo
23c. DATE SIGNED: 9/8/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-10-54
24c. NAME OF CEMETERY OR CREMATORY: Coatsville
24d. LOCATION (City, town, or county) (State): East of Coatsville Mo.

DATE REC'D BY LOCAL REG.: 9-10-54
REGISTRAR'S SIGNATURE: Mrs. Leah Drake 35
25. FUNERAL DIRECTOR'S SIGNATURE: Morehead - Norman — ADDRESS: Lancaster Mo

(Licensed Embalmer's Statement on Reverse Side)

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~~: .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirksville, M

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.