

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36246

State File No. 43

FILED OCT 18 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 6174 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY Sullivan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo COUNTY Sullivan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harris - Rural		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harris Rural		d. STREET ADDRESS (If rural, give location) Clay Twp 1050
3. NAME OF DECEASED (Type or Print) a. (First) Charles Edward b. (Middle) Deeds c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 10-2-54		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-25-1887	9. AGE (In years) (Last birthday) 67	10. IF UNDER 1 YEAR Months 3 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Pollock Mo	12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME Jacob R Deeds		13b. MOTHER'S MAIDEN NAME Mary F Callhoun		14. NAME OF HUSBAND OR WIFE Pracie Wyan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Pracie Deeds ADDRESS Harris 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) Coronary Heart Disease (see other)				INTERVAL BETWEEN ONSET AND DEATH 5 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Stenosis aortic valve. 1st attack (2 years) - DUE TO (c) 1. Heavy drinking 2. High cholesterol				3 yrs. 2 yrs. 3 mo 3 mo
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none			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) Harris Sullivan Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
		21f. HOW DID INJURY OCCUR? 331X			
22. I hereby certify that I attended the deceased from Nov. 1953, to 10/4, 1954, that I last saw the deceased alive on 12/2, 1954, and that death occurred at 3:30 p.m., from the causes and on the date stated above.					
23a. SIGNATURE Joseph S. Magill, M.D. (Degree or title)			23b. ADDRESS Milan, Mo		23c. DATE SIGNED 10/4/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-3-54	24c. NAME OF CEMETERY OR CREMATORY Campbell Cem		24d. LOCATION (City, town, or county) (State) Pollock Mo	
DATE REC'D BY LOCAL REG. 10-11-1954		REGISTRAR'S SIGNATURE Mrs. H. B. Harris		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur DeLoach Milan Mo	

(Licensed Embalmer's Statement of 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

*Dwight Scherer*

Licensed Embalmer No. 2667

P. O. Address Milau - Wis

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.