No. 300
10.48

FILED JAN 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1012

State File No.

BIRTH NO. REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: Howard 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fayette, Mo.
c. LENGTH OF STAY (In this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lee Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Howard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fayette OKST
d. STREET ADDRESS (If rural, give location): 210 Hackberry Street 0

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Washington c. (Last) Street
4. DATE OF DEATH (Month) (Day) (Year): Jan. 16, 1955
5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4/6/1876
9. AGE (In years last birthday): 78 — If under 1 year: Months 9, Days 10 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stock Horse Business
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Howard County, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: George William Street
13b. MOTHER'S MAIDEN NAME: Martha Powell
14. NAME OF HUSBAND OR WIFE: Hettie Brock
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs Charles W. Street Fayette, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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) Acute gastric hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 week.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic duodenal ulcer — 5 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: None
19b. MAJOR FINDINGS OF OPERATION: 5410
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* 10 January, 1955, *to* Jan 16, 1955, *that I last saw the deceased alive on* Jan 16, 1955, *and that death occurred at* 6:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Wm. J. Shaw (Degree or title) M.D.
23b. ADDRESS: Fayette Mo.
23c. DATE SIGNED: 1-18-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/18/1955
24c. NAME OF CEMETERY OR CREMATORY: City Cemetery
24d. LOCATION (City, town, or county) (State): Fayette Missouri

DATE REC'D BY LOCAL REG.: 1-26-54
REGISTRAR'S SIGNATURE: Clyde A. Bridges
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Ralph A. Carr Fayette, 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~~ .....

working under my personal supervision.

Student Embalmer No. .....

Signed Ralph A. Carr

Signed.....
Student Embalmer

Licensed Embalmer No. 3340

P. O. Address Fayette 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.