No. 300
10.48

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

FILED JUL 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21996

State File No.

BIRTH NO. REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 54

0470

1. PLACE OF DEATH
a. COUNTY: Iron
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ironton
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): 203 S. Knob Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Iron
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ironton 0470
d. STREET ADDRESS (If rural, give location): 203 S. Knob Street

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): JERSEY
c. (Last): TUAL

4. DATE OF DEATH (Month) (Day) (Year): July 8 1955

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 14 1870
9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months: 2 Days: 24
IF UNDER 24 HRS.: Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): contractor
10b. KIND OF BUSINESS OR INDUSTRY: building
11. BIRTHPLACE (State or foreign country): Arcadia Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Ezra Collins Tual
13b. MOTHER'S MAIDEN NAME: Vienna Mahala Evans
14. NAME OF HUSBAND OR WIFE: Macy Tual

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.
17. INFORMANT'S SIGNATURE OR NAME: Macy Tual, Ironton Missouri
ADDRESS

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) Acute Coronary Occlusion (recurrent) — INTERVAL BETWEEN ONSET AND DEATH: 7-8-55

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Paradoxical Myocarditis — 12-25-54
DUE TO (c) arterio-sclerosis

II. OTHER SIGNIFICANT CONDITIONS — senility — ?
Conditions contributing to the death but not related to the disease or condition causing death.

4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* 12-25-54, *19*____, *to* 7-8-55, *19*____, *that I last saw the deceased alive on* 7-8-55, *19*____, *and that death occurred at* 5:30 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. E. Harland
(Degree or title): M.D.
23b. ADDRESS: Ironton, Missouri
23c. DATE SIGNED: 7-13-55

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 7-10-55
24c. NAME OF CEMETERY OR CREMATORY: Arcadia Valley Memorial Park
24d. LOCATION (City, town, or county) (State): Ironton Missouri

DATE REC'D BY LOCAL REG.: 7-11-55
REGISTRAR'S SIGNATURE: Mrs Avis Jones
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25. FUNERAL DIRECTOR'S SIGNATURE: Lucile J. White
ADDRESS: White Funeral Home, Ironton Mo.
(Licensed Embalmer's Statement on Reverse Side)

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 Ansel J. White

Licensed Embalmer No. 3012

P. O. Address Imiton 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.