

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30399**

FILED SEP 28 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **99**

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Louisiana</b> )		c. LENGTH OF STAY (in this place) <b>10 1/2</b>	c. CITY OR TOWN <b>Louisiana</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1120 Dougherty Pike</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b> b. (Middle) <b>THOMAS</b> c. (Last) <b>ENGLAND</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT. 17, 1955</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 15, 1886</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) <b>Retired Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Foundrey</b>	9. AGE (In years last birthday) <b>69</b> If UNDER 1 YEAR: Months <b>9</b> Days <b>2</b> Hours <b>—</b> Min. <b>—</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>Rockhouse, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13a. FATHER'S NAME <b>John England</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Edmonds</b>	
14. NAME OF HUSBAND OR WIFE <b>Alta England</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>268-14-4539</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Charles T. England, Louisiana, Mo.</b>	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c). <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <b>—</b> DUE TO (c) <b>—</b> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>4201</b>	
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION <b>—</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>—</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>—</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>—</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>—</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <b>—</b>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased on <b>Sept 17, 1955</b> , and that death occurred at <b>8:45 A. m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>J. O. Mudd Coroner</b>		23b. ADDRESS <b>Bowling Green Mo.</b>	
23c. DATE SIGNED <b>Sept 17-55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>9/20/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Riverview Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Louisiana, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Sterne Funeral Home, Louisiana, Mo.</b>	
DATE RECD BY LOCAL REG. <b>Sept 20, 1955</b>		REGISTRAR'S SIGNATURE <b>Bernice Collier</b>	

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

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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.....  
Signature of Student Embalmer

Signed *Virginia M. Steves*.....

Licensed Embalmer No. *4675*

P. O. Address *Louisiana*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.