

THE DIVISION OF HEALTH OF MISSOURI  
 FILED OCT 31 1955 STANDARD CERTIFICATE OF DEATH

State File No. **34166**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **247** PRIMARY REG. DIST. NO. **5840** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Van Buren Twp. Rural, Ritchey TNS</b>		c. LENGTH OF STAY (in this place) <b>25 Yrs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Granby, Mo. Route #1</b>		e. STREET ADDRESS (If rural, give location) <b>Granby, Mo. Route #1</b>	

3. NAME OF DECEASED (Type or Print) <b>Claude</b>	a. (First)	b. (Middle)	c. (Last) <b>English</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>10- 19- 1955</b>
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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. 14, 1894</b>	9. AGE (in years last birthday) <b>60</b>	IF UNDER 1 YEAR Months <b>10</b>	IF UNDER 24 HRS. Days <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Fairland Oklahoma</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>William H. English</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Angeline Friend</b>	14. NAME OF HUSBAND OR WIFE <b>Velma English</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War 1</b>	16. SOCIAL SECURITY NO. <b>World War 1</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Velma English, Granby, Mo.</b>	ADDRESS <b>Granby, Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>30 minutes</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarct.</b>		2 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Disease of the coronary arteries</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4201</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **8/20, 1955**, to **10/19, 1955**, that I last saw the deceased alive on **10/19, 1955**; and that death occurred at **12:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Charles D. Chester</b>	(Degree or title) <b>D.O.</b>	23b. ADDRESS <b>Granby, Mo.</b>	23c. DATE SIGNED <b>10/19/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 23, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Newtonia, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Oct. 21 1955</b>	REGISTRAR'S SIGNATURE <b>M. L. Young</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>225- A</b>	ADDRESS <b>Mercer Funeral Home, Monett, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 1 1955

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. \_\_\_\_\_  
District File Number \_\_\_\_\_  
Date Filed OCT 28 1955

NEOSHO, MISSOURI

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 Roy A. Mercer

Licensed Embalmer No. 443

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