

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10. 48

FILED JAN 25 1956

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 5199 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>CARROLL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>CARROLL</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bogard</u>		c. LENGTH OF STAY (in this place) <u>64 years</u>	c. CITY OR TOWN <u>Bogard</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Honne. Bogard.</u>		e. STREET ADDRESS (If rural, give location) <u>city.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LUTHER</u> b. (Middle) <u>ALLEN</u> c. (Last) <u>CHARLES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 20-1956</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED.</u>	8. DATE OF BIRTH <u>July 17-1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SERVICE STATION.</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>64</u> IF UNDER 1 YEAR Months <u>6</u> DAYS <u>3</u> IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and State or Foreign Country) <u>CARROLL County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>JAMES A. CHARLES</u>		13b. MOTHER'S MAIDEN NAME <u>MARCY FANE Stiles</u>	
14. NAME OF HUSBAND OR WIFE <u>BESSIE CHARLES.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES Worldwar-1</u>	
16. SOCIAL SECURITY NO. <u>496-05-8323</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs L.A. Charles Bogard, MD</u> 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary</u> ANTECEDENT CAUSES DUE TO (b) <u>Thrombosis</u> DUE TO (c) <u>cause unknown</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)	
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 <u>Jan. 20, 1956</u> , to <u>Jan. 20, 1956</u> that I last saw the deceased alive on <u>Jan. 20, 1956</u> and that death occurred at _____ pm., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R. Hamilton Stiles, MD</u>		23b. ADDRESS <u>1223 S. Main St., Mo.</u>	
23c. DATE SIGNED <u>Jan 21/56</u>			
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Jan 22-1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion.</u>		24d. LOCATION (City, town, or county) (State) <u>Bogard Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-22-56</u>		REGISTRAR'S SIGNATURE <u>Moderbert Calvert</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Dickerson FUNERAL HOME</u>		ADDRESS	

JUN 31 1956

AUG 1 1956

AUG 28 1956

JUL 26 1956

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..... *R. M. Marshall Jr.*

Licensed Embalmer No. 446

P. O. Address *Carrollton*

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.