

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 27 1956

State File No. **12173**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **371** PRIMARY REG. DIST. NO. **6261** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY <b>Webster</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Webster</b>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>Rogersville Rural Webster Mo.</b>		c. CITY OR TOWN <b>Rogersville</b>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <b>Rt 3 W. Benton Twp. Mo.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Charles</b>	b. (Middle) <b>Lee</b>	c. (Last) <b>WAYNE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>3-16-1956</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>Widowed</b>	8. DATE OF BIRTH <b>Nov. 29, 1870</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Mountain Home, Arkansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William Henry Wayne</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Arnold</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased</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>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Guy Wayne, Rogersville, Mo. Rt 3</b>	ADDRESS
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute myocardial failure</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>Chronic myocarditis</b> DUE TO (c) <b>Arterio-sclerosis + hypertension</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None.</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>No operations</b>	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) <b>443x</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **Sept. 1949**, to **March 16, 1956**, that I last saw the deceased alive on **March 14, 1956**, and that death occurred at **11:50 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>A. R. Schultz, M.D.</b>	23b. ADDRESS <b>Fordland Mo.</b>	23c. DATE SIGNED <b>3/23/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-18-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Panther Valley Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Rogersville, Rural Mo.</b>
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DATE REC'D BY LOCAL REG. <b>3-23-56</b>	REGISTRAR'S SIGNATURE <b>Opal M. Good</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H. C. Ferrell, Rogersville Mo.</b>	ADDRESS
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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 *Am K. Terrell*.....

Licensed Embalmer No. *491*

P. O. Address *Regenwill*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.