

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22849

State File No. ....

FILED JUL 30 1956

BIRTH NO. ....		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 785	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph				c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) 6 yrs.				e. STREET ADDRESS (If rural, give location) 6537 Grant St., 01110			
d. FULL NAME OF HOSPITAL OR INSTITUTION 6537 Grant St.,							
3. NAME OF DECEASED (Type or Print)		a. (First) CHARLES		b. (Middle) IRVIN		c. (Last) FIMPLE	
4. DATE OF DEATH		July 22, 1956		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH September 25, 1886		9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (retired)	
11. BIRTHPLACE (City and State or Foreign Country) Cosby, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Jessie M. Fimple		13b. MOTHER'S MAIDEN NAME Rosie Mathews	
14. NAME OF HUSBAND OR WIFE Mary Elizabeth Fimple		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 491-09-0783		17. INFORMANT'S SIGNATURE OR NAME Gerald Fimple, 1516 Main St., St. Joseph, Mo.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c)  2. OTHER SIGNIFICANT CONDITIONS Chronic pyelitis, peptic ulcer				INTERVAL BETWEEN ONSET AND DEATH sev. years sev. years sev. years	
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) (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 1948, 19, to 7-22-56, 19, that I last saw the deceased alive on 7-16-56, 19, and that death occurred at 1:45 am., from the causes and on the date stated above.		23a. SIGNATURE E. H. Anderson	
23b. ADDRESS 311 Physician & Surgeons Bldg., St. Joseph, Mo.		23c. DATE SIGNED 7-23-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 24, 1956	
24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery		24d. LOCATION (City, town, or county) (State) Dekalb, Missouri		25. DATE REC'D BY LOCAL REG. July 24, 1956		25. REGISTRAR'S SIGNATURE Esther M. Allison	
25. FEDERAL DIRECTOR'S SIGNATURE		25. ADDRESS Clark Funeral Home St. Joseph, Mo.		25. LICENSED EMBALMER'S STATEMENT ON REVERSE SIDE			

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

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 *Lillie J. Chaney*  
Licensed Embalmer No. 4679.....

P. O. Address St. ... Joseph, ... M.

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.