

FILED DEC 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38703**

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4305 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>McDonahd</u>		2. USUAL RESIDENCE (Where deceased lived, if institution residence, before death) a. STATE <u>MISSOURI</u> b. COUNTY <u>McDonahd</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ANDERSON</u>		c. CITY OR TOWN <u>ANDERSON</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>15 yes</u>		e. STREET ADDRESS (If rural, give location) <u>RT 3</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARNEY</u> b. (Middle) _____ c. (Last) <u>MOSE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-25-1956</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>April 28-1877</u>	9. AGE (In years) <u>79</u>	IF UNDER 1 YEAR (Month) (Day) <u>5/27</u>	IF UNDER 24 HRS. (Hours) (Min.) _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nelson Lepoint</u>	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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>420.1</u>	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) _____	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. Humphrey, Coroner</u> (Degree or title)	23b. ADDRESS <u>Noel Mo.</u>	23c. DATE SIGNED <u>10-27-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10-27-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stebha Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Stebha Mo. (Rural)</u>
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DATE REC'D BY LOCAL REG. <u>10-27-56</u>	REGISTRAR'S SIGNATURE <u>Mayne Humphrey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>F. M. Humphrey</u>	ADDRESS <u>Lawrence Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4230

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 *F. M. Humphrey Jr.*.....

Licensed Embalmer No. *4706*.....

P. O. Address *Noel 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.