No. 300
10.48

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

FILED DEC 14 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

439

State File No. 38843

BIRTH NO. _____ REG. DIST. NO. 228 PRIMARY REG. DIST. NO. 5808 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY: Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Jonesburg Mo
c. LENGTH OF STAY (In this place): 2 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Marys Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montgomery City Mo
d. STREET ADDRESS (If rural, give location): none

0700

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): K.
c. (Last): Sheets

4. DATE OF DEATH (Month) (Day) (Year): 12-4-1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-18-1864
9. AGE (In years last birthday): 92 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Grocery & Dry Goods
11. BIRTHPLACE (State or foreign country): Avon Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charles D. Sheets
13b. MOTHER'S MAIDEN NAME: Elizabeth Wyatt
14. NAME OF HUSBAND OR WIFE: Mrs Lena Sheets

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: C.K. Sheets Jr
ADDRESS: Montgomery City 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Urinemia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic Glomerulonephritis — Approx. 2 yrs.
DUE TO (c) Arteriosclerotic changes

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Generalized arteriosclerosis and senility

446X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 1, 1955, *to* Dec. 4, 19 56, *that I last saw the deceased alive on* Dec. 4, 19 56, *and that death occurred at* 6:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. H. Thompson D.O.
23b. ADDRESS: New Florence Mo
23c. DATE SIGNED: Dec. 6-1956

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-6-1956
24c. NAME OF CEMETERY OR CREMATORY: MONTGOMERY CITY CEM
24d. LOCATION (City, town, or county) (State): MONTGOMERY CITY MO

DATE REC'D BY LOCAL REG.: 12/8/1956
REGISTRAR'S SIGNATURE: Laura B Calhoun
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: W H Ross MONTGOMERY CITY MO

(Licensed Embalmer's Statement on Reverse Side)

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, ~~xxxx~~ on the 4th day of Dec I956, Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed C. W. Hopkins

Licensed Embalmer No. I487

P. O. Address Montgomery City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.