Health, & Welfare Public Service

S. 300 0
v. 1-56

FILED MAR 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9123
STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Jane Chinn Hosp. — Length of stay in 1b 59 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Webb City 0492 0 — Inside Limits Yes X No ☐
d. STREET ADDRESS 314 N. Main St. (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Charles Middle Thomas Last Head
4. DATE OF DEATH Month March Day 10, Year 1957
5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Feb. 9, 1881
9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR Months 1 Days 1 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAVERN Operator
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Carthage, Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Joel Head
14. MOTHER'S MAIDEN NAME Mary Reagan
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.
17. INFORMANT Mrs. Bessie Head Address 314 N. Main St. Webb City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic parenchymatous Nephritis — INTERVAL BETWEEN ONSET AND DEATH 2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 592X
19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov 22-56, to March 10-57 and last saw her/him alive on 3-10-57
Death occurred at 4:20 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M S Slaughter (Degree or title) D.O. 2
22b. ADDRESS Webb City
22c. DATE SIGNED 3-11-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-12-57
23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery
23d. LOCATION (City, town, or county) (State) Webb City, Mo.

24. FUNERAL DIRECTOR ADDRESS Johnston-Arnce-Simpson Mortuary Webb City, Mo.
25. DATE RECD. BY LOCAL REG. 3-12-57
26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

Securing the medical certification in the specific manner required by 193.140 Mo. Rev. Stat. 1949, Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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County File Number 57-3-226

Date Filed MAR 18 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No. .....

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed Harvey E. Arnold

Licensed Embalmer No. 446

P. O. Address West City

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