

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35089

STATE FILE NUMBER

FILED NOV 5 1957

Registration District No. 57 Primary Registration District No. 4081 Registrar's No. 21

Health,  
& Welfare  
Public  
Service

300  
1-56

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

1. PLACE OF DEATH a. COUNTY <b>Carroll</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>Carroll</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Bosworth</b> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Bosworth MO</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <i>First Middle Last</i> <b>Charles Fredic Frederickson McPherson</b>			4. DATE OF DEATH <i>Month Day Year</i> <b>Oct 29 1957</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan 17 1894</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Station Agent</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>63</b> IF UNDER 1 YEAR: Months <b>9</b> Days <b>12</b> Hours <b></b> Min. <b></b>
13. FATHER'S NAME <b>James William McPherson</b>		11. BIRTHPLACE (City and state or country) <b>Mendon MO</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO. <b>709-16-6048</b>		14. MOTHER'S MAIDEN NAME <b>Annah Lawrence</b>	
17. INFORMANT <b>Mrs. Julia McPherson</b>		Address <b>Bosworth MO</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>coronary occlusion acute</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 mins.</b>
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) <b>cardio vascular renal disease - 1952-4</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY <i>Hour Month, Day, Year</i> a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <b>11/26/1952</b> to <b>10/29/57</b> and last saw <del>him</del> <b>her</b> alive on <b>10/25/57</b> Death occurred at <b>7:00A</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Jordan Kelling, M.D.</b> (Degree or title)		22b. ADDRESS <b>Waverly, Missouri</b>	22c. DATE SIGNED <b>10/31/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Oct. 31, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>McCullough Cemetry</b>	23d. LOCATION (City, town, or county) (State) <b>2M S.W. Triplet MO</b>
24. FUNERAL DIRECTOR <b>Leipard-Edwards</b> ADDRESS <b>Dosworth MO.</b>		25. DATE RECD. BY LOCAL REG. <b>Oct 31-1957</b>	26. REGISTRAR'S SIGNATURE <b>Pearl Koch</b>

(Licensed Embolmer's Statement on Reverse Side)

NOV 7 1957

NOV 19 1958

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 *David J. Edwards*

Licensed Embalmer No. 324

P. O. Address *Brown*

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.