

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1794

STATE FILE NUMBER

FILED JAN 27 1958

Registration District No. 169 Primary Registration District No. 4258 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <b>KNOX</b>				2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>ADAIR KNOX</b>					
b. CITY (If outside corporate limits, give TOWNSHIP) OR TOWN <b>EDINA</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>HURDLAND</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <b>N.E. PART OF EDINA</b>			Length of stay in lb <b>WEEK</b>		d. STREET ADDRESS <b>3 1/2 MILES N.W. HURDLAND</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>CHARLES</b> Middle <b>A.</b> Last <b>HENRY</b>				4. DATE OF DEATH Month <b>JAN.</b> Day <b>13</b> Year <b>1958</b>					
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>CAUCASION</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>NOV. 24, 1876</b>		9. AGE (In years last birthday) <b>81</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>			11. BIRTHPLACE (City and state or country) <b>NEWART, TEXAS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>ROBERT HENRY</b>				14. MOTHER'S MAIDEN NAME <b>NANNIE BOWLING</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>496-40-8404</b>		17. INFORMANT <b>MRS. JOE KRIEGSHAUSER EDINA, MO</b>			Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS ENTERED BY: IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage with left hemiplegia</b>								INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Generalized arteriosclerosis</b>						15 years	
		DUE TO (c) <b>331X</b>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Arteriosclerotic heart disease</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 Hour _____ 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>April 1955</b> to <b>Jan. 13<sup>th</sup> 1958</b> and last saw <sup>him</sup> alive on <b>Jan 11<sup>th</sup> 1958</b> Death occurred at <b>3:56</b> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>Francis Tawnylos M.D.</b>					22b. ADDRESS <b>Edina Missouri</b>			22c. DATE SIGNED <b>Jan 16 1958</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>JAN 14, 1958</b>		23c. NAME OF CEMETERY <b>IOOF</b>			23d. LOCATION (City, town, or county) (State) <b>BRAS HURDLAND MO</b>		
24. FUNERAL DIRECTOR <b>Kelly Rogers</b>				ADDRESS <b>Brashear Mo</b>		25. DATE RECD. BY LOCAL REG. <b>Jan 27-58</b>		26. REGISTRAR'S SIGNATURE <b>Hele A. Hunolt</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Richard B. Kelly* .....

Licensed Embalmer No. *449*

P. O. Address *Edinburg, Tex.*

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