

S. No. 300
V. 10.48

FILED FEB 5 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2143**

BIRTH NO. _____ REG. DIST. NO. **247** PRIMARY REG. DIST. NO. **4366** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) Granby		c. CITY (If outside corporate limits, write RURAL and give township) Goodman	
c. LENGTH OF STAY (in this place) 5 days		d. STREET ADDRESS (If rural, give location) Route # 1	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Kimbrough Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Harmanes c. (Last) Charlton	4. DATE OF DEATH (Month) (Day) (Year) Jan. 21, 1958
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 2, 1882	9. AGE (In years last birthday) 75	10. UNDER 1 YEAR 6	11. UNDER 12 MRS. 19
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pattern Maker	10b. KIND OF BUSINESS OR INDUSTRY Foundry	11. BIRTHPLACE (City and State or Foreign Country) Holden, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Matilda Poe	14. NAME OF HUSBAND OR WIFE Margaret Charlton
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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) No None	16. SOCIAL SECURITY NO. 355-03-8090	17. INFORMANT'S SIGNATURE OR NAME Wesley Charlton Goodman, Missouri	ADDRESS Wesley Charlton Goodman, Missouri
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 36 hrs
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
DUE TO (b) arteriosclerosis (general & cerebral)		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	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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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?
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22. I hereby certify that I attended the deceased from **Jan 3, 1958**, to **Jan 21, 1958**, that I last saw the deceased alive on **Jan 21, 1958**, and that death occurred at **5:30A m.**, from the causes and on the date stated above.

23a. SIGNATURE R.D. Fountain D.O.	(Degree or title)	23b. ADDRESS Wool, Mo.	23c. DATE SIGNED Jan 22, 58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1/21/1958	24c. NAME OF CEMETERY OR CREMATORY New Bethel	24d. LOCATION (City, town, or county) (State) Anderson Rt. # 1, Mo.
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DATE REC'D BY LOCAL REG. Jan 23, 1958	REGISTRAR'S SIGNATURE M. E. Young	25. FUNERAL DIRECTOR'S SIGNATURE Ralph Funeral Home Anderson	ADDRESS Anderson, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. _____

District File Number _____

Date Filed JAN 29 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
Student Embalmer

Signed Carl Papp

Licensed Embalmer No. 93458

P. O. Address Anderson, Missouri

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