

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026234
STATE FILE NUMBER

FILED JUL 25 1958

Registration District No. *dob* Primary Registration District No. *2047* Registrar's No. *20*

1. PLACE OF DEATH a. COUNTY MADISON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MADISON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FREDERICKTOWN			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN FREDERICKTOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 416 E. COLLEGE			Length of stay in lb 15 YRS.	d. STREET ADDRESS (If outside, give location) 416 E. COLLEGE			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CHARLES Middle EUGENE Last STOUT				4. DATE OF DEATH Month JULY Day 5 Year 1958			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH DEC. 22, 1876		9. AGE (In years last birthday) 81	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and state or country) BELLEVUE, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME THOMAS STOUT				14. MOTHER'S MAIDEN NAME MARGARET BRECKENRIDGE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address MRS. JUNE HOLMES, FREDERICKTOWN, MO			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) General Arterio Sclerosis DUE TO (c) 4201 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Diabetes							INTERVAL BETWEEN ONSET AND DEATH 2 1/2 years years
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 6 a. m. 1958 Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION			COUNTY
20f. CITY, TOWN, OR LOCATION			COUNTY			STATE	
21. I attended the deceased from 1958 to July 5, 1958 and last saw her alive on July 5, 58 . Death occurred at 2:15 PM on the date stated above; and to the best of my knowledge from the causes stated.							
22a. SIGNATURE (Degree or title) S. Slaughter M.D.				22b. ADDRESS 135 N. Main, Fredericktown, Mo		22c. DATE SIGNED July 1, 58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 7/7/58	23c. NAME OF CEMETERY OR CREMATORY CHRISTIAN CEMETERY		23d. LOCATION (City, town, or county) (State) FREDERICKTOWN, MO		
24. FUNERAL DIRECTOR NAJIM FUNERAL HOME, FREDERICKTOWN, MO				25. DATE RECD. BY LOCAL REG. 7-9-1958		26. REGISTRAR'S SIGNATURE Therence Sicker	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service
21
300
1-56
All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

WABISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

RECEIVED
JUL 22 1958

FILE No. 7-58-30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed Charles McPart

Licensed Embalmer No. 48

P. O. Address Frederick

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.