

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029435  
STATE FILE NUMBER

FILED AUG 20 1958 Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 151

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Lasher</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lasher</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Carthage</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Carthage</u>		0493 c
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>McCune Brooks</u>		Length of stay in 1b <u>6 days</u>	d. STREET ADDRESS (If outside, give location) <u>1116 W. Central</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Charles Otis Embrey</u>			4. DATE OF DEATH Month Day Year <u>Aug. 10, 1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 20, 1897</u>		9. AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS. (last birthday) Months Days Hours Min. <u>60</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hardware Store</u>		11. BIRTHPLACE (City and state or country) <u>Fairview, Missouri</u>	
13a. FATHER'S NAME <u>Robert Embrey</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Lasher</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl G. Embrey</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>		16. SOCIAL SECURITY NO. <u>493-14-2052</u>		17. INFORMANT Address <u>Mrs. Pearl Embrey Carthage, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Infarction</u>					INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u>					<u>7 days</u>
DUE TO (c) <u>4201</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 <u>August 4, 1958</u> to <u>August 10, 1958</u> and last saw her <sup>him</sup> alive on <u>August 10, 1958</u> Death occurred at <u>11:25 a.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>W Russell Smith</u> (Degree or title) <u>M.D.</u>			22b. ADDRESS <u>Carthage, Missouri</u>		22c. DATE SIGNED <u>8-11-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-13-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dice Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Fairview, Missouri</u>
24. FUNERAL DIRECTOR <u>The Ulmer Funeral Home</u> ADDRESS <u>Carthage</u>		25. DATE RECD. BY LOCAL REG. <u>Aug. 12, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Lucine Street, Des. Mo.</u>	

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.

MJG 25 1958

APR 30 1959

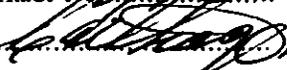
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 2955

P. O. Address 

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.