

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040701
STATE FILE NUMBER

FILED NOV 18 1958

Registration District No. 195 Primary Registration District No. _____ Registrar's No. 97-58

1. PLACE OF DEATH a. COUNTY <u>Mc Donald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Elkhorn</u>		c. CITY OR TOWN <u>Rural</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>His own Home</u>		Length of stay in 1b <u>15 yrs</u>	
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>W.</u> Last <u>Macumber</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>9</u> Year <u>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>Oct. 30-1878</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and state or country) <u>Barney Iowa</u>
13a. FATHER'S NAME <u>E.L. Macumber</u>		13b. MOTHER'S MAIDEN NAME <u>Harriet Blythe</u>	14. NAME OF HUSBAND OR WIFE <u>Laura D. Macumber</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>498-28-675</u>	17. INFORMANT Address <u>Laura Macumber, Stella Mo. Rural Rt</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>Medullary Failure</u> DUE TO (b) <u>Cerebral Anoxia</u> DUE TO (c) <u>Cerebral Thrombosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>332 X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u> <u>5 DAYS</u>
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 <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>11-8-58</u> , to <u>11-8-58</u> and last saw him alive on <u>11-8-58</u> Death occurred at <u>TIME UNKNOWN</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>C. J. Holman Jr.</u> (Degree or title)		22b. ADDRESS <u>Stella, Missouri</u>	22c. DATE SIGNED <u>11-10-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Nov-12-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Evangelical Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Atlantic Iowa</u>
24. FUNERAL DIRECTOR <u>W. Morris Jones</u> ADDRESS <u>Wheeler</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 10, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Mary C. Bradley</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Severe convulsions, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *James Kinyth Duncan*

Licensed Embalmer No. *4767*.....

P. O. Address *Wheaton Mo*.....

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.