

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008905

STATE FILE NUMBER

FILED APR 2 1959 Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 14

300
-57

1. PLACE OF DEATH a. COUNTY Dent County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem, Missouri		c. CITY OR TOWN Salem, Missouri	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Vernon Condray East F. Street		d. STREET ADDRESS (If outside, give location) East F. Street	
Length of stay in 1b 4 months		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last William B. Cholson			4. DATE OF DEATH Month Day Year March 27, 1959		
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5. SEX male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 4, 1903	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Supt.	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Fredericktown, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Gholson	13b. MOTHER'S MAIDEN NAME Leanaeah Rhodes	14. NAME OF HUSBAND OR WIFE Marie Gholson
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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)	16. SOCIAL SECURITY NO. 494-228737	17. INFORMANT Mrs Vernon Condray Salem, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Intracranial malignant tumor</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 yr.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		1930
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.) ITEM 14 CORRECTED
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	BY AFFIDAVIT OF Informant 6-4-59 Dec
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Salem, Missouri	COUNTY	STATE
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21. I attended the deceased from 12/26/58 to 3/23/59 and last saw him alive on 1/26/59
Death occurred at 5:55 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Max W</i>	(Degree or title) C	22b. ADDRESS Salem, Missouri	22c. DATE SIGNED 3/28/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 30, 1959	23c. NAME OF CEMETERY OR CREMATORY Cedar Grove	23d. LOCATION (City, town, or county) (State) Salem, Missouri
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24. FUNERAL DIRECTOR Spencer Funeral Home Salem, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 3/28/59	26. REGISTRAR'S SIGNATURE M. M. Rank M. S. by J.M.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.

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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 [Handwritten Signature]

Licensed Embalmer No. 2370
P. O. Address [Handwritten 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.