Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-023908
STATE FILE NUMBER

FILED JUN 22 1959 Registration District No. 359 Primary Registration District No. 6220 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Harrison Twp. — Inside Limits: Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): So. Vernon Co. — Length of stay in Hospital: 79 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Vernon
c. CITY OR TOWN: P.O. Arcadia Ks. R#2 — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): 2 mi. N. & 4 Mi. E of Arcadia Ks. — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: George Middle: Lewis Last: Charlton

4. DATE OF DEATH: Month: June Day: 2 Year: 1959

5. SEX: M
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: Feb 19, 1880
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor - Retired
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (City and state or country): Vernon Co. Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Charlton
13b. MOTHER'S MAIDEN NAME: Mary Graff
14. NAME OF HUSBAND OR WIFE: Dora May Charlton (Div)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Clarence Charlton Address: Kans. City Mo

MEDICAL CERTIFICATION

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 Thrombosis 4 Massive Cerebral Hemorrhage 5 Minutes — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Essential Hypertension — 5 yrs.
DUE TO (c) Arteriosclerosis — 5 7 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Found dead 2 days or less. Death in minutes 444X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Feb. 5 1946, to May 4-59 and last saw alive on May 4-1959
Death occurred at Probably 7:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Munroe Kneeland M.D. (Degree or title)
22b. ADDRESS: Liberal, Mo.
22c. DATE SIGNED: 6-6-59

23a. BURIAL, CREMATION, REMOVAL (Specify): 6-7-1959
23b. DATE: 6-7-1959
23c. NAME OF CEMETERY OR CREMATORY: McKill Cem.
23d. LOCATION (City, town, or county): Vernon Co. (State): Mo

24. FUNERAL DIRECTOR: J.M. Berkey ADDRESS: Mulberry, Ks.
25. DATE RECD. BY LOCAL REG.: June 17 1959
26. REGISTRAR'S SIGNATURE: Mrs Ruth Faith

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 J. M. Berkey

Licensed Embalmer No. 2376

P. O. Address Mulberry, Ark.

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.