

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041169

STATE FILE NUMBER

FILED VS DEC 15 1959

Registration District No. 272 Primary Registration District No. 5908 Registrar's No. 68

ENDED

1. PLACE OF DEATH a. COUNTY <u>Peru</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Peru</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Holland</u>		Length of stay in 1b <u>47 yrs</u>		c. CITY OR TOWN <u>Holland</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Beverly</u> Middle <u>Charmell</u> Last <u>Charmell</u>				4. DATE OF DEATH Month <u>11</u> Day <u>28</u> Year <u>59</u>			
5. SEX <u>F</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>8-11-88</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>17</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home work</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Perm</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>George Jackson</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>R.C. Charmell</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>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Joe Charmell</u>		Address <u>Steele Ave. Rt 1</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>ca of uterus</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
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 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. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <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>11-15-59</u> to <u>11-28-59</u> and last saw her alive on <u>11-28-59</u> Death occurred at <u>4 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>James W. Daniel</u> (Degree or title)				22b. ADDRESS <u>Steele Ave</u>		22c. DATE SIGNED <u>12-3-59</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Peru</u>		23b. DATE <u>11-30-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Steele Ave</u>		23d. LOCATION (City, town, or county) (State) <u>Peru MO</u>		
24. FUNERAL DIRECTOR <u>Hermon Funeral Home</u>			ADDRESS <u>Steele Ave</u>		25. DATE RECD. BY LOCAL REG. <u>12-9-59</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 John F. McClure, Student Embalmer No. 596
working under my personal supervision.

Student John F. McClure
Signature of Student Embalmer

Signed Noelc Dean

Licensed Embalmer No. 3941
P. O. Address Caruth

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.