

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-009644

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 43

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 13 1962

1. PLACE OF DEATH  
 a. COUNTY Vernon  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada Length of stay-in-1b- 50 years  
 c. CITY OR TOWN Nevada Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 1130 North Washington Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
Charles Wesley Ault February 26, 1962

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 10/29/83 9. AGE (last birthday) 78  
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hospital Attendant 10b. KIND OF BUSINESS OR INDUSTRY Mental Hospital 11. BIRTHPLACE (City and state or country) Ft Scott Kansas 12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME August L Ault 13b. MOTHER'S MAIDEN NAME Jerdie Imel 14. NAME OF HUSBAND OR WIFE Willie Hairline Ault

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs Willien Ault Nevada, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) (Acute Coronary Occlusion) INTERVAL BETWEEN ONSET AND DEATH Sudden  
 DUE TO (b) Cardiovascular disease.  
 DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT SUICIDE HOMICIDE  none  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 3 p.m.

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.) Nevada 20f. CITY, TOWN, OR LOCATION COUNTY STATE Vernon Mo

21. I attended the deceased from Mar 31 - 1961 to Feb 26 - 1962 and last saw him alive on Feb 23 - 1962  
 Death occurred at 3 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Name or title) W. A. Love, M.D. 22b. ADDRESS Nevada, Mo. 22c. DATE SIGNED 3-6-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3/7/62 23c. NAME OF CEMETERY OR CREMATORY Deepwood Cemetery 23d. LOCATION (City, town, or county) (State) Nevada, Missouri

24. FUNERAL DIRECTOR ADDRESS Eichinger-Milster Funeral Home Mo. 25. DATE RECD. BY LOCAL REG. 3-10-1962 26. REGISTRAR'S SIGNATURE Anna E. Jerry

(Licensed Embalmer's Statement on Reverse Side)

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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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 *Percy F. Melster*

Licensed Embalmer No. 4805

P. O. Address Newark, 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.

10-25-97 800-889  
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