DEPARTMENT OF PUBLIC HEALTH AND WELFARE 137 Printry Regularation District No. 30.13 Replantar's No. 15 Replantary No						SION OF HEALTH - STANDARD CERTIFICATE OF DEATH		
VS 300 VS 400 I PAGE OF BEATH a. COUNTY HENTY b. CITY If Guide Corporate limits, give IOWNSHIP only! Length of stay in ib. COUNTY HENTY b. CITY If Guide Corporate limits, give IOWNSHIP only! Length of stay in ib. COUNTY HENTY b. CITY If Guide Corporate limits, give IOWNSHIP only! Length of stay in ib. COUNTY HENTY b. CITY If Guide Corporate limits, give IoWNSHIP only! Length of stay in ib. COUNTY HENTY b. CITY If Guide Corporate limits, give IoWNSHIP only! Length of stay in ib. COUNTY HENTY b. CITY If Guide Corporate limits, give IoWNSHIP only! TOWN Waubeleau Ves R No. COUNTY HENTY b. CITY If Guide Corporate limits, give IoWNSHIP only! TOWN Clinton CHARLES HOME S. SEX COCIOR OR BACK White COUNTY HENTY COUNTY HOUSE COUNTY TOWN Clinton CHARLES HOME S. SEX COCIOR OR BACK White COUNTY HENTY COUNTY						Registration District No		
VS 300 Rev. 4/59 11425	ON THIS STUB		AMEND	ED	_	EILED JANG 1964	a set	
MOSPITAL ON		<u>a</u>]			* STATE Missouri County Hickory		
MOSPITAL ON	Rev. 4/59					OR ' OR OR		
MOSPITAL ON	11.462	* \{\{\bar{\chi}}			_			
3 . NAME OF DECASEDE (Types print) CHARLES HOMER CAUTHON DEATH January 2, 1964 4 0 5 . SEX 6 . COLOR OR BACE White Midwed Divorced B/26/95 68 Male White Morth Day Hours Midword Notice White Morth Divorced B/26/95 68 Morth Day Hours Morth Day Hours Morth Adving moy of yorking life, gven if retired) 100. USIAL CECUPATION (laws kind of work done to loo. KIND OF BUSINESS OR INDUSTRY II. BIRTHFLACE (City and state or country) 12. SEATHER'S NAME Charles Of Pearly May low war of date of service) 13b. MOTHER'S MAIDEN NAME Charles Of Pearly May low war of date of service) 14 WAS OFFEASED FOR IN U.S. ARMS FORCES? (Yes, no. in unknown) (If yes, give war of date of service) 18 Cause of Pearly May chus war of date of service) 19 WAS AUTOPS? 10 OR ON SEATH DATE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the retirnial thare a progranty in lat 190 days. 10 OR ON SEATH OF MAILES HOWERS (NIGHT OF ART) (a) Warning cause last) 10 OR SEATH OF ART (a) Was AUTOPS? 20 MANDEDIATE CAUSED BY. 20 MANDEDIATE CAUSED BY. 21 OF ART (1) OF ART (1	7723	ш	1					
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S. SEX S. COLOR OR RACE 7. Married 8. DATE OF BIRTH 7. AGE (last birthday) IF UNDER 14R FINDER 24R FINDER 24	3 2	2			'	3. NAME OF DECEASED First Middle Last 4. DATE Month Day OF DEATH January 2, 1964	Year	
March State Stat	<u> </u>		11		-	5. SEX 6. COLOR OR RACE 7. Married 2. Never Married 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF L	JNDER 24 HR	
Retired Carpenter Humansville, Mo. USA	5				ا	Male White """ 8/20/95 08 /	- 1	
13. FATHER'S NAME 13. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE	6	S				during most of working life, even if retired)	COUNTRY	
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THE CAUSE OF DEATH (Enter only one cause per line for (b), (b), and (c). 13	9/5611	ш			(Y	No. Was 21 117 Mrytle Cauthon Wauhleau M	issour	
Which gave rise to above cause (a), stating the under lying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days. PART III. If deceased was female was there a pregnancy in last 90 days. II. WAS AUTOPSY PERFORMED? YES NOTE 19. WAS AUTOPSY PERFORMED? THE DEATH OF PART III of item 18.) 20c. TIME OF Hour Month, Day, Year INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20d. INJURY OCCURRED. 20e. PLACE OF INJURY (e.g., in or about home, with the part of the performance of injury in PART I or PART II of item 18.) 21. 1 attended the deceased from Death occurred at 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10	₹				18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (b). PART I. DEATH WAS CAUSED BY: ONSET	L BETWEEN AND DEATH	
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						1130-113114	tated.	
	USE PEV	悥				22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c.	DATE SIGNED	
23a. BURNAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stafe)	_	동				fame (. Chaus DO 105 & Oho Chinton, Mo. Y	2/64.	
		Ċ			23	REMOVAL (Specify)	itate)	
					•	Burial 11/4/64 Durnell Chanel Hickory Co. Missour	<u>i</u> .	
		TEN			_	Told by Mildrid B.		
(Licensed Embalmer's Statement on Reverse Side)	. (ł I	ا ا			June	

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4961 3 I NAL

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.	signed Era em R. Compalen
Signature of Student Embalmer	Licensed Embalmer No. 4680 P. O. Address Chiston 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.

ernix Ostan

1-4-64

(gill)