

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 5 1951

BIRTH NO. REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 142

1. PLACE OF DEATH a. COUNTY HENRY 0422 b. CITY OR TOWN CLINTON c. LENGTH OF STAY (in this place) 1 1/2 DAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Henry c. CITY OR TOWN Clinton 0422 d. STREET ADDRESS 409 S. Carter St.	
3. NAME OF DECEASED (Type or Print) CHARLES FREDRICK DELP a. (First) b. (Middle) c. (Last)		4. DATE OF DEATH Aug. 30 1951 (Month) (Day) (Year)	

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH SEPT. 13, 1894	9. AGE (In years last birthday) 56	10. UNDER 1 YEAR 11	11. UNDER 10 HRS. 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mt. Air, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WM. F. DELP	13b. MOTHER'S MAIDEN NAME SARAH E. RAYNOR	14. NAME OF HUSBAND OR WIFE
--------------------------------	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 515-05-4406	17. INFORMANT'S SIGNATURE OR NAME Carrie P. Fulcomer	ADDRESS Clinton, Mo.
--	-------------------------------------	--	----------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive disease INTERVAL BETWEEN ONSET AND DEATH 3 d (b) Cardiac Decompensation 6 mo II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 21343	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1, 1951, to 8-30, 1951, that I last saw the deceased alive on 8-29, 1951, and that death occurred at 3 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) H. Walker, M.D.	23b. ADDRESS Clinton Mo	23c. DATE SIGNED 8-31-51
--	-------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 1, 1951	24c. NAME OF CEMETERY OR CREMATORY White Oak Burial	24d. LOCATION (City, town, or county) (State) Rich, Mo.
--	------------------------	---	---

DATE REC'D BY LOCAL REG. Aug-31-51	REGISTRAR'S SIGNATURE Floren C. Adair	25. FUNERAL DIRECTOR'S SIGNATURE T. D. Farnsant	ADDRESS Clinton, Mo.
------------------------------------	---------------------------------------	---	----------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 9-4-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-4-51

OCT 2 1951

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, as by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed N. L. Vanocent

Licensed Embalmer No. 3779

P. O. Address Clinton

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 this body is not embalmed, fact should be so stated above.