

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25822

BIRTH NO. _____		REG. DIST. NO. <u>381</u>		PRIMARY REG. DIST. NO. <u>6183</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>SULLIVAN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SULLIVAN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MILAN</u> <u>4</u>		c. LENGTH OF STAY (In this place) <u>1 1/2</u> yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HARRIS</u> <u>105</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SULLIVAN COUNTY REST HOME</u>				d. STREET ADDRESS (If rural, give location) <u>9</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>CHARLES</u>		b. (Middle) <u>W</u>		c. (Last) <u>DESPER</u>	
4. DATE OF DEATH		(Month) <u>6</u>		(Day) <u>25</u>		(Year) <u>49</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>6-21-1876</u>	
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 HRL. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Laborer</u>		11. BIRTHPLACE (State or foreign country) <u>Merced Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Geo. W. Desper</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah M. Smith</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>DISEASE OF HEART- UNSPECIFIED</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>SENILITY</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH ? ? <u>4343</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:30 AM</u> on the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph P. Prudo, Coroner</u> (Degree or title)				23b. ADDRESS <u>MILAN, MISSOURI</u>		23c. DATE SIGNED <u>6-25-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-24-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Harris Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Harris Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 15-1949</u>		REGISTRAR'S SIGNATURE <u>320 Mrs. H. B. Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Judd & Payne</u>		ADDRESS <u>Newtown Mo</u>	

(Licensed Embalmer's Statement of Reverse Side)

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

RECEIVED JUL 18 1949
District Health Officer No. _____
District File Number 7-49-12
Date Filed JUL 18 1949

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.....
Student Embalmer

Signed.....

T. Howard Gull

Licensed Embalmer No. 3240

P. O. Address Newtown

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.