

FILED APR 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12107

123

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

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		Registrar's No. 161	
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo. 0123			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Doctors Hospital				d. STREET ADDRESS (If rural, give location) 826 Park Ave. 0			
3. NAME OF DECEASED (Type or Print) a. (First) Frank		b. (Middle) Bonapart		c. (Last) Charlton		4. DATE OF DEATH (Month) (Day) (Year) 4 1 50	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 4, 1875	
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months 0		IF UNDER 24 HRS. Hours 27		Mtn.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Merchant Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Iron Co., Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME LUCIAN CHARLTON			13b. MOTHER'S MAIDEN NAME MARY WADLOW			14. NAME OF HUSBAND OR WIFE Hattie Charlton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hattie Charlton, Poplar Bluff 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension cardiovascular renal disease, etc. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic valvular heart disease.				INTERVAL BETWEEN ONSET AND DEATH   442X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) m.		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 1 Jan, 1947, to 1 Apr, 1950 that I last saw the deceased alive on 1 Apr, 1950 and that death occurred at 5:20 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Emil A. Post M.D.				23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 5 Apr 50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 4/4/50		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.	
DATE REC'D BY LOCAL REG. April 12 1950		REGISTRAR'S SIGNATURE Wm. H. Johnson		428 0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Greer Croy & Fitch Poplar Bluff Mo.	

APR 17 1950

450-177

BUTLER COUNTY HEALTH CENTER  
POPLAR BLUFF, MISSOURI

JUN 7 1950

**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.....

*Philip J. Casserly*

Signed.....

Student Embalmer

Licensed Embalmer No. ....

*4618*

P. O. Address.....

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