

FILED MAY 1 1950 STANDARD CERTIFICATE OF DEATH

State File No. 12573

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 399

1. PLACE OF DEATH a. COUNTY <i>Green County Mo'</i>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <i>Christian County Mo'</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Springfield Mo.</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Osark Mo. 07, 20</i>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <i>City</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Springfield Baptist</i>			

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Charles</i>	b. (Middle) <i>Sarker</i>	c. (Last) <i>Cox</i>	DATE OF DEATH (Month) (Day) (Year)
				<i>April 26 1950</i>

5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Feb. 25 1864</i>	9. AGE (In years last birthday) <i>86.</i>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Merchant</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (State or foreign country) <i>Springfield, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Sarker, Cox</i>	13b. MOTHER'S MAIDEN NAME <i>Elizabeth Horn</i>	14. NAME OF HUSBAND OR WIFE <i>Nora Cox Sarker</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Amie Glenn, Osark, Mo.</i>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchiectasis,</i>		<i>1091+</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Lung Abscess -</i> DUE TO (c)		<i>159+</i>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Arteriosclerosis</i>		<i>521X</i>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from *4/19 1950*, to *4/26 1950*, that I last saw the deceased alive on *4/25 1950*, and that death occurred at *6:30 PM*, from the causes and on the date stated above.

23a. SIGNATURE <i>Roy Callaway MD</i> (Degree or title)	23b. ADDRESS <i>Springfield Mo.</i>	23c. DATE SIGNED <i>4/27/50</i>
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24a. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>April 28 50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Greenwood Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Christian County Mo.</i>
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DATE REC'D BY LOCAL REG. <i>4-27-50</i>	REGISTRAR'S SIGNATURE <i>W. S. Stanley</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>T. B. Chaffin</i>	ADDRESS <i>Osark Mo.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1326

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
Student Embalmer

Signed

T. B. Chaffin

Licensed Embalmer No.

2192

P. O. Address

Ozark 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.