

FILED OCT 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32367

BIRTH NO. REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 77

1. PLACE OF DEATH  
a. COUNTY Stoddard  
b. CITY OR TOWN Rural (Liberty)  
c. LENGTH OF STAY (in this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Stoddard  
c. CITY OR TOWN Rural (Liberty)  
d. STREET ADDRESS R.F.D. #3, Dexter, Mo.

3. NAME OF DECEASED (Type or Print)  
a. (First) Charles b. (Middle) Samuel c. (Last) Temples

4. DATE OF DEATH (Month) (Day) (Year)  
Sept. 8, 1950

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH Sept. 8, 1900

9. AGE (In years last birthday) 50 IF UNDER 1 YEAR Months 0 IF UNDER 12 HRS. Hours 4 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Stoddard County, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Charles Temples

13b. MOTHER'S MAIDEN NAME Mary McClard

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no

16. SOCIAL SECURITY NO. 385-05-6252

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Kenneth Temples, Dexter, 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) Multiple Carcinoma  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer Rectum 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 8 No  
154X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-6-1950, to 9-8-1950, that I last saw the deceased alive on 9-6-1950, and that death occurred at 1:15 P.M. from the causes and on the date stated above.

23a. SIGNATURE S.S. Davis M.D. (Degree or title)

23b. ADDRESS Dexter Mo.

23c. DATE SIGNED 9-25-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9-10-50

24c. NAME OF CEMETERY OR CREMATORY Old Bethel

24d. LOCATION (City, town, or county) (State) R.F.D. #3, Dexter, Mo.

DATE REC'D BY LOCAL REG. 9-25-50

REGISTRAR'S SIGNATURE Velma W. Jenkins 409

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Strickland-Rainey Dexter, Mo.

(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10-48

30

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

STATEMENT BY LICENSED EMBALMER

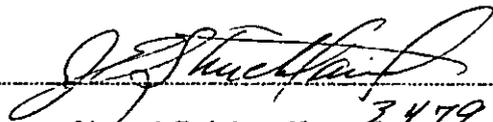
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student-Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. 3479

P. O. Address \_\_\_\_\_

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.