

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5775

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 43

0940

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

| | | | |
|--|-----------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <i>St. Francois</i> | | 2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Francois</i> | |
| b. CITY OR TOWN <i>Leadington</i> | c. LENGTH OF STAY (In this place) | c. CITY OR TOWN <i>Leadington</i> | d. STREET ADDRESS (If rural, give location) |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) | |

| | | | | | |
|--|-------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <i>CHARLES</i> b. (Middle) <i>R.</i> c. (Last) <i>Archer</i> | | | 4. DATE OF DEATH (Month) (Day) (Year) <i>Feb. 7, 1951</i> | | |
| 5. SEX <i>Male</i> | 6. COLOR OR RACE <i>White</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i> | 8. DATE OF BIRTH <i>May 27, 1867</i> | 9. AGE (In years last birthday) <i>81-8</i> | 10. IF UNDER 1 YEAR Days <i>8</i> IF UNDER 1 HR. Hours <i>10</i> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>retired</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>farmer</i> | | 11. BIRTHPLACE (State or foreign country) <i>Lincoln, Mo.</i> | |
| 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> | | | | | |

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|--|--|--|--|--|--|
| 13a. FATHER'S NAME <i>Rice Jackson Archer</i> | | 13b. MOTHER'S MAIDEN NAME <i>Margaret Beck</i> | | 14. NAME OF HUSBAND OR WIFE <i>Dora Lee</i> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i> | | 16. SOCIAL SECURITY NO. <i>none</i> | | 17. INFORMANT'S SIGNATURE OR NAME <i>Margaret Archer</i> ADDRESS <i>Jennett, Mo.</i> | |

| | | | | | |
|--|--|---|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>hypostatic pneumonia</i> | | ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last.) <i>Cardio - Renal - Vascular</i> | | 405 day | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | DUE TO (b) <i>Cardio - Renal - Vascular</i> | | 304 yrs | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | 4427 | |

| | | | | | |
|---|--|--|--|--|--|
| 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) | | 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) | | 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 *1944*, 19___, to *Feb 7, 1951*, that I last saw the deceased alive on *Feb 6, 1951*, and that death occurred at *Leadington, Mo.*, from the causes and on the date stated above.

| | | | | | |
|---|--|------------------------------------|--|--------------------------------|--|
| 23a. SIGNATURE <i>[Signature]</i> (Degree or title) <i>D.O.</i> | | 23b. ADDRESS <i>Leadington Mo.</i> | | 23c. DATE SIGNED <i>2-8-51</i> | |
|---|--|------------------------------------|--|--------------------------------|--|

| | | | | | |
|---|--|-------------------------------|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | | 24b. DATE <i>Feb. 9, 1951</i> | | 24c. NAME OF CEMETERY OR CREMATORY <i>Three Rivers</i> | |
| | | | | 24d. LOCATION (City, town, or county) (State) <i>Near Bonhomme, Mo.</i> | |

| | | | | | |
|---|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. <i>Feb 8, 1951</i> | | REGISTRAR'S SIGNATURE <i>Eather Rudloff</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Raymond Caldwell</i> ADDRESS <i>Flat River, Mo.</i> | |
|---|--|---|--|---|--|

MAR 7 1951

File No.
DISTRICT HEALTH OFFICE NO. 4

FEB 13 1951

RECEIVED

MAR 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, or by _____

working under my personal supervision.

Student Embalmer No.

Signed R. Caldwell

Signed.....
Student Embalmer

Licensed Embalmer No. 2531

P. O. Address Flat River, 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.