

No. 300
10.48
FILED NOV 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38283

BIRTH NO. _____ REG. DIST. NO. 265 PRIMARY REG. DIST. NO. 6291 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>		
b. CITY OR TOWN <u>Longview - Rural - Longview</u>		c. LENGTH OF STAY (in this place) <u>25 yrs</u>	c. CITY OR TOWN <u>Longview Mo - Rural - Longview</u>		d. STREET ADDRESS (If rural, give location) <u>Longview Mo - Rural - Longview</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Longview Mo - Ozark Co. Hosp</u>			d. STREET ADDRESS (If rural, give location) <u>Longview Mo - Rural - Longview</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>M</u> c. (Last) <u>SOWARDS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 - 5 - 51</u>		
--	--	--	--	--	--

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>2-28-1874</u>	9. AGE (In year last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 2 HRS. Days <u>7</u> Hours <u>7</u> Min.
--------------------	-------------------------------	---	-----------------------------------	--	---------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None - Hebble Mended</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Polk Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	---	--	--	--

13a. FATHER'S NAME <u>Archibald Sowards</u>	13b. MOTHER'S MAIDEN NAME <u>Zippora Markel</u>	14. NAME OF HUSBAND OR WIFE <u>Never Married</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ray Sowards</u> ADDRESS <u>Longview Missouri</u>	
--	-------------------------------------	---	--

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>urinary Retention</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>urinary Retention</u> DUE TO (c) <u>Ca. of Bladder -</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>?</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)	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 9-26-, 1951, to 10-5-, 1951, that I last saw the deceased alive on 10-5-, 1951, and that death occurred at 2:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. C. Denton</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Atta mo</u>	23c. DATE SIGNED <u>10-9-51</u>
--	-----------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/7/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Graham Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ozark Co. Missouri</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG <u>11-1-1951</u>	REGISTRAR'S SIGNATURE <u>Mae Johnson</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Glenninghead Funeral Home</u> ADDRESS <u>Greenville Missouri</u>
--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

1770

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED NOV 5 1951

Dist. File 1151-2017

Date Filed 11-15-51

DEC 12 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.....
Student Embalmer

Signed Chester A. Roy

Licensed Embalmer No. 3044

P. O. Address: Stainville, La.

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.