

FILED NOV 23 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **40370**

BIRTH NO. _____		REG. DIST. NO. 813		PRIMARY REG. DIST. NO. 4477		Registrar's No. 42	
1. PLACE OF DEATH a. COUNTY SCHUYLER 0990				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY SCHUYLER			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GLENWOOD		c. LENGTH OF STAY (In this place) 8 3/4		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GLENWOOD 0990			
d. FULL NAME OF HOSPITAL OR INSTITUTION L				d-STREET ADDRESS (If rural, give location) GLENWOOD T. S. 10			
3. NAME OF DECEASED (Type or Print) CHARLES			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) NOV 11 51	
5. SEX MO	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3	8. DATE OF BIRTH June 28 - 1868		9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY L		11. BIRTHPLACE (State or foreign country) MISSOURIO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME WILLIAM JAMES FORD			13b. MOTHER'S MAIDEN NAME JULIETT MOCK		14. NAME OF HUSBAND OR WIFE L		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. L		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Will Marshall Glenwood 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration ANTECEDENT CAUSES Senility 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 3				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) 4222			
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 Sept 21, 1951 , to Nov 11, 1951 , that I last saw the deceased alive on Nov 10, 1951 , and that death occurred at 11 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. H. Elvaugh D. O.				23b. ADDRESS Lancaster, Mo		23c. DATE SIGNED 11/12/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV 13, 51	24c. NAME OF CEMETERY OR CREMATORY GLENWOOD, 100F		24d. LOCATION (City, town, or county) (State) GLENWOOD, MO		
DATE REC'D BY LOCAL REG. Nov 12 1951		REGISTRAR'S SIGNATURE Mrs. W. H. Drake		25. FUNERAL DIRECTOR'S SIGNATURE Everett B. Head		ADDRESS Lancaster Mo	

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

Date Received: NOV 20 1957
DISTRICT HEALTH OFFICE
District File Number 11-57
Date Filed: NOV 20 1957

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 Lucretia R. Nead

Licensed Embalmer No. 4038

P. O. Address Lancaster, 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.