

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42355

State File No.

DEC 20 1951

BIRTH NO.

REG. DIST. NO. 232PRIMARY REG. DIST. NO. 5812 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Montgomery</u>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Middletown Mo Pacific Twp</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural 5 Mile of Middletown Mo</u>		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) <u>Charles</u>			a. (First)	b. (Middle)	c. (Last) <u>Oppers</u>
4. DATE OF DEATH	(Month)	(Day)	(Year)		
<u>Dec</u>	<u>11</u>	<u>1951</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W USA</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan, 5 1885</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months
					IF UNDER 2 HRS. Hours
					IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (State or foreign country) <u>Black Walnut Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>?</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Wilson</u>	
14. NAME OF HUSBAND OR WIFE <u>Annes Genevieve Wilson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY # <u>49-1707-0590A</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Gene Oppers Steedman</u>		ADDRESS <u>Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES					
*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) <u>Myocardial heart failure</u>					
DUE TO (c) <u>Carcinoma of right upper lobe</u>					
II. OTHER SIGNIFICANT CONDITIONS					
Conditions contributing to the death but not related to the disease or condition causing death. <u>operated 16 mo. prior to death, radium treatments</u>					
19a. DATE OF OPERATION <u>July 1950</u>	19b. MAJOR FINDINGS OF OPERATION <u>record Barnes Hosp St. Louis, Mo.</u>		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)	<u>Middle town #1 Montg. Mo.</u>		
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?	<u>192X</u>		
22. I hereby certify that I attended the deceased from <u>11:4 A.M.</u> , 19 <u>51</u> , to <u>4 P.M.</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Dec. 11</u> , 19 <u>51</u> , and that death occurred at <u>3 P.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>H. R. Titus</u> (Degree or title) <u>D.O.</u>			23b. ADDRESS <u>Middle town, Mo.</u>		23c. DATE SIGNED <u>Dec 12 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 14 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mokane Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Mokane Mo</u>		
DATE REC'D BY LOCAL REG. <u>Dec-12-51</u>	REGISTRAR'S SIGNATURE <u>210 Joe Chapman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert</u>	ADDRESS <u>Middletown Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE NO. 4

DEC 19 1951

RECEIVED

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

John H. Butler

Licensed Embalmer No. 4447

P. O. Address Bawling Green

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.