

FILED JAN 8 1952

STANDARD CERTIFICATE OF DEATH

State File No. 42562
Registrar's No. 87

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5998

1. PLACE OF DEATH a. COUNTY PUTNAM		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PUTNAM	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "RURAL" York		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "RURAL" 0860	
c. LENGTH OF STAY (in this place) 6 YEARS		d. STREET ADDRESS (If rural, give location) POWERSVILLE R. F. D. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) CHARLEY b. (Middle) THEODORE c. (Last) FIELDS			4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 22, 1951		
5. SEX MALE 0		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH APRIL 20, 1886		9. AGE (In years last birthday) 65		IF UNDER 1 YEAR: MONTHS 8, YEARS 2, IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM HAND			10b. KIND OF BUSINESS OR INDUSTRY FARM		
11. BIRTHPLACE (State or foreign country) PUTNAM COUNTY, MISSOURI 0			12. CITIZEN OF WHAT COUNTRY? U. S. A.		

13a. FATHER'S NAME ALLEN FIELDS		13b. MOTHER'S MAIDEN NAME MARTHA MASTIN		14. NAME OF HUSBAND OR WIFE BERTHA E. FIELDS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. BERTHA E. FIELDS POWERSVILLE MO. R.F.D.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion 1 hour		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) arteriosclerotic heart disease		years	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) 4200	
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 Dec 3, 1951, to Dec 22, 1951, that I last saw the deceased alive on Dec 22, 1951, and that death occurred at 11:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE Chas L. Judd, D.O.		23b. ADDRESS Unionville MO		23c. DATE SIGNED 12/27/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 11		24b. DATE 12/24/51		24c. NAME OF CEMETERY OR CREMATORY BUSBY CEMETERY	
				24d. LOCATION (City, town, or county) (State) PUTNAM COUNTY, MISSOURI	

DATE REC'D BY LOCAL REG. 12-21-51		REGISTRAR'S SIGNATURE Marvell Durbin 266		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CO'STOCK FUNERAL HOME BY John McConstock UNIONVILLE, MO.	
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(Licensed Embalmer's Statement on Reverse Side)

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

2860

Date Received: JAN 3 1952
DISTRICT HEALTH OFFICE #2
District File Number 1-52-26
Date Filed: JAN 5 1952

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 R. P. Cassidy.....

Licensed Embalmer No. 4617.....

P. O. Address Unionville.....

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.