

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **23298**FILED JUN 20 1952  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **116**

1. PLACE OF DEATH a. COUNTY <b>SCOTT</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>NEW MADRID</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SIKESTON</b>		c. LENGTH OF STAY (in this place) <b>7 1/2 HRS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MOREHOUSE</b>		<b>1730</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MO. DELTA COMM. HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>----</b>					
3. NAME OF DECEASED a. (First) <b>CHARLES</b>			b. (Middle) <b>----</b>		c. (Last) <b>SHOULDERS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 1, 1952</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>?</b>	9. AGE (In years last birthday) <b>56</b>	F UNDER 1 YEAR Month	F UNDER 1 YEAR Days	F UNDER 1 MIN. Hours	F UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>?</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>?</b>		11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>???</b>			13b. MOTHER'S MAIDEN NAME <b>???</b>		14. NAME OF HUSBAND OR WIFE <b>???</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>---</b>		16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Charles Shoulders, Morehouse, Mo.</b>					
18. CAUSE OF DEATH Enter only once each 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) <b>Coronary Arteriosclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b>			
		ANTECEDENT CAUSES 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.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>				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 <b>5-31</b> , 19 <b>52</b> , to <b>6-1</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>6-1</b> , 19 <b>52</b> , and that death occurred at <b>2:30 PM</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>J. M. Dorio, M.D.</b>				23b. ADDRESS <b>Morehouse, Mo.</b>		23c. DATE SIGNED <b>6-4-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>6-8-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>OLD CITY</b>		24d. LOCATION (City, town, or county) (State) <b>MORLEY MO.</b>			
DATE RECD BY LOCAL REG. <b>6-13-52</b>		REGISTRAR'S SIGNATURE <b>Mrs. Ella Hunter</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Welsh Funeral Home Sikeston Mo</b>		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

32  
A.M.

RECEIVED JUN 16 1952  
SCOTT COUNTY HEALTH CENTER  
CO. FILE NO. 652-178

JUN 20 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 \_\_\_\_\_

*Raymond Crews*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3467

P. O. Address *Keeton 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.