

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10-48

90  
1

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4155 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Everton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Everton Mo. 0210</u>	
c. LENGTH OF STAY (in this place) <u>years</u>		d. STREET ADDRESS (If rural, give location) <u>North Part of Town 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North Part of Town</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Claud</u>	b. (Middle)	c. (Last) <u>Compton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 19 1952</u>
--	-------------	--------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 18-1886</u>	9. AGE (In years last birthday) <u>65</u>	10. UNDER 1 YEAR Months <u>10</u> Days <u>1</u>	11. UNDER 24 HRS. Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dade County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>G.A. Compton</u>	13b. MOTHER'S MAIDEN NAME <u>Adelia Martin</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel Compton</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Duane Compton</u>	ADDRESS <u>Everton Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Dropsy</u>		<u>sev. months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Disease</u>		<u>sev. years</u>
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Nephrosclerosis</u> <u>Diabetes Mellitus</u>	<u>sev. years</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>442 X</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)
--	--	---

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 6-5-1950 to 9-19-1952, that I last saw the deceased alive on 9-19-1952, and that death occurred at 4:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Max Heilbrunn M.D.</u>	(Degree or title)	23b. ADDRESS <u>Lockwood, Mo</u>	23c. DATE SIGNED <u>9-20-52</u>
---	-------------------	-------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 21-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sinking Creek</u>	24d. LOCATION (City, town, or county) (State) <u>Near Everton Mo</u>
--	-----------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>9-22-52</u>	REGISTRAR'S SIGNATURE <u>J. C. Canada</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.W. Birch</u>	ADDRESS <u>Ash Grove Mo</u>
--	--	---	--------------------------------

**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

*J. W. Birch*

Licensed Embalmer No. 3856

P. O. Address Ash Grove 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.