

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

24151

State File No. _____

FILED AUG 7 - 1953

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3001 Registrar's No. 81

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Carroll</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton</u>	a. STATE <u>Mo.</u>	b. COUNTY <u>Carroll</u>
c. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton</u>	c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>0176</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>213 So. Folgers</u>		d. STREET ADDRESS (If rural, give location) <u>213 So. Folger</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CHARLES</u>	b. (Middle) <u>ERR</u>	c. (Last) <u>PRESTON</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Aug. 3 1953</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (By date) <u>Married</u>	8. DATE OF BIRTH <u>March 29 1897</u>	9. AGE (In years) <u>56</u>	Months _____	Days _____	IF UNDER 18: Hours _____	Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, when it applied) <u>Telephone - Wire Chief</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Telephone</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Marshall Preston</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Dunn</u>	14. NAME OF HUSBAND OR WIFE <u>Dorothy Ann Preston</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes World War I</u>	16. SOCIAL SECURITY NO. <u>487-09-2621</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C. E. Preston</u>	ADDRESS <u>Carrollton Mo.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction of Card. Malegnal</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
11. 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"/>
		<u>193X</u>

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>Carrollton Mo. 81</u>
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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 July 15, 1953, to Aug 5, 1953, that I last saw the deceased alive on Aug 2, 1953, and that death occurred at 2:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Eugene J. Salas</u>	23b. ADDRESS <u>Carrollton Mo. 81</u>	23c. DATE SIGNED <u>8-3-53</u>
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24a. BURIAL, CREMATION, REMOVAL <u>Burial</u>	24b. DATE <u>8-4-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8/4/53</u>	REGISTRAR'S SIGNATURE <u>Mr. Herbert Calvert</u>	4-5-2	5. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley J. Gibson</u>	ADDRESS <u>Carrollton Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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APR 29 1954

AUG 17 1953

APR 19 1954

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

Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address

Carrollton, 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.