

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

State File No. **39511**

FILED NOV 27 1953

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>4244</u>		Registrar's No. <u>164</u>	
I. PLACE OF DEATH				2. USUAL RESIDENCE (Where Decedent Resided If Institution: residence before admission).			
a. COUNTY Jasper		a. STATE Missouri		b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give town) Carterville		c. LENGTH OF STAY (in this place) 5wks		c. CITY (If outside corporate limits, write RURAL and give township) Carterville			
d. FULL NAME OF HOSPITAL OR INSTITUTION 302 N. Tennessee				d. STREET ADDRESS 302 N. Tennessee			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) CHARLES	b. (Middle) T.	c. (Last) REGAN	Month November	Day 17	Year 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH July 6, 1883	9. AGE (In years last birthday) 70	If UNDER 1 YEAR Months 4	If UNDER 1 YEAR Days 11	If UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter Retired		10b. KIND OF BUSINESS OR INDUSTRY Carpenter	11. BIRTHPLACE (State or foreign country) Lamar, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME No data		13b. MOTHER'S MAIDEN NAME No data		14. NAME OF HUSBAND OR WIFE No data			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Harold Campbell				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia				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) _____ 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? 490X 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 <u>Nov 15, 1953</u>, to <u>Nov 17, 1953</u>, that I last saw the deceased alive on <u>Nov 15, 1953</u>, and that death occurred at <u>9 pm</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. C. Coats M.D.				23b. ADDRESS Joplin Mo		23c. DATE SIGNED Nov 20 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 19, 1953	24c. NAME OF CEMETERY OR DREMATORY Mt Hope Cemetery		24d. LOCATION (City, town, or county) (State) Webb City, Missouri		
DATE REC'D BY LOCAL REG. 11-20-53		REGISTRAR'S SIGNATURE Mr. Madeline Switzer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hedge Lewis Webb City, Missouri			

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

RECEIVED NOV 25 1958
Jasper County Health Office
County File Number 925-
Date Filed NOV 25 1958

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 _____

Licensed Embalmer No. 4561

P. O. Address Webb City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.