

FILED JUN 1 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16834**

BIRTH NO.		REG. DIST. NO. <b>274</b>		PRIMARY REG. DIST. NO. <b>3052</b>		Registrar's No. <b>199</b>	
1. PLACE OF DEATH a. COUNTY <b>Pettis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Benton</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>		c. LENGTH OF STAY (In this place) <b>8 hrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fristoe</b>		<b>080</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bothwell Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>1</b>			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
		<b>Charles</b>		<b>N.</b>		<b>ENGLAND.</b>	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
		<b>MAY</b>		<b>24</b>		<b>1954</b>	
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
<b>MALE</b>		<b>White</b>		<b>Married</b>		<b>Mar 17, 1871</b>	
9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HRS.			
<b>83</b>		<b>2</b> Months <b>7</b> Days		<b>0</b> Hours <b>0</b> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<b>Ret. Farmer</b>		<b>Farming</b>		<b>Benton Co. Mo.</b>		<b>U.S.A.</b>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE			
<b>William M. England</b>		<b>Margaret Nickelson</b>		<b>Virginia England</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
<b>No</b>		<b>No</b>		<b>Virginia England Fristoe Mo</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebro-Vascular Accident</b>							<b>3 Days</b>
ANTECEDENT CAUSES		DUE TO (b) <b>Congestive Rt Heart Failure</b>					<b>2 weeks</b>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>Arteriosclerotic Heart Dis</b>					<b>6 yrs</b>
II. OTHER SIGNIFICANT CONDITIONS		<b>acute Pulmonary Edema</b>					<b>24 Hours</b>
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"/>
							<b>4200</b>
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>Sept</b> , 1948, to <b>24 May</b> , 1954, that I last saw the deceased alive on <b>24 May</b> , 1954, and that death occurred at <b>8:45 p.m.</b> , from the cause and on the date stated above.							
23a. SIGNATURE (Degree or title)		23b. ADDRESS				23c. DATE SIGNED	
<b>David H. Glenn M.D.</b>		<b>Warsaw Mo</b>				<b>25 May 54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<b>BURIAL</b>		<b>MAY 28 1954</b>		<b>Cross Timbers</b>		<b>Cross Timbers Hickory Co Mo.</b>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<b>5-29-54</b>		<b>Lavina C. Cozart</b>		<b>John J. Preser</b>		<b>Warsaw, Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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..... *John F. Reser*

Licensed Embalmer No. .... *4098*

P. O. Address *Warsaw*

**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.