

FILED AUG 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23481
Registrar's No. 23

BIRTH NO. _____		REG. DIST. NO. 167		PRIMARY REG. DIST. NO. 4256		Registrar's No. 23			
1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holden,		c. LENGTH OF STAY (In this place) 1 year		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holden,		d. STREET ADDRESS (If rural, give location) Holden, Missouri			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Holden Community Hospital + Clinic				3. NAME OF DECEASED a. (First) CHARLES (Type or Print)					
b. (Middle) A		c. (Last) REARDON		4. DATE OF DEATH (Month) (Day) (Year) July 16th, 1954					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 13, 1876			
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer,		10b. KIND OF BUSINESS OR INDUSTRY Farming,		11. BIRTHPLACE (State or foreign country) Slater, Missouri			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Reardon		13b. MOTHER'S MAIDEN NAME Lucille Potter,		14. NAME OF HUSBAND OR WIFE Jessie Edna Merideth			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Charles A. Reardon Jr. Centerview, Mo.					
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) Coronary Embolus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension DUE TO (c) Atherosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) 4201					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 7-15 - 1954, to 7-16 - 1954, that I last saw the deceased alive on 7-16 - 1954, and that death occurred at 3:30 a. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) G. W. Moulant DO 2				23b. ADDRESS Holden, Missouri		23c. DATE SIGNED 7-17-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-18-1954		24c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery,		24d. LOCATION (City, town, or county) (State) Warrensburg, Missouri.			
DATE REC'D BY LOCAL REG July 20, 1954		REGISTRAR'S SIGNATURE Mrs. G. V. Redford		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. A. Brauning, Warrensburg, Missouri					

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

RECEIVED
AUG 2 1954
JOHNSON COUNTY HEALTH DEPT.

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 me

working under my personal supervision.

Student Embalmer No.

Signed W. A. Branninger

Signed.....
Student Embalmer

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.