

FILED JUL 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23555

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 5655 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL MT. VERNON</u> c. LENGTH OF STAY (In this place) <u>6 mo. 2 wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL RED OAK</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HEDGES REST HOME NEAR MT. V.</u>		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MAY</u> b. (Middle) <u>BELLE</u> c. (Last) <u>CHARLES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 18 - 1954</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>OCT. 28 - 1864</u>		9. AGE (In years last birthday) <u>89</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	
11. BIRTHPLACE (State or foreign country) <u>INDIANA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. KIND OF BUSINESS OR INDUSTRY <u>HOUSEKEEPING</u>	

13a. FATHER'S NAME <u>JOHN S. VANT</u>		13b. MOTHER'S MAIDEN NAME <u>MARGRETT MILLER</u>		14. NAME OF HUSBAND OR WIFE <u>HIRAM P. CHARLES</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If res. give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HARVEY KOONTZ</u> ADDRESS <u>LARUSSELL 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart condition</u>			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) <u>trauma</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <u>also fractured femur</u> <u>Senility</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>7</u>		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 Jan 1, 1964, to 7-18, 1954, that I last saw the deceased alive on 7-18, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. S. Bruney M.D.</u> (Degree or title)		23b. ADDRESS <u>Miller, Mo.</u>		23c. DATE SIGNED <u>7-21-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-21-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RED OAK CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>RED OAK Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>7-21-54</u>		REGISTRAR'S SIGNATURE <u>Paul Hendricks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. D. Dossert</u> ADDRESS <u>MT. VERNON, MO.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

10.48

05504

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 J. D. Jossell

Signed.....
Student Embalmer

Licensed Embalmer No. 2201

P. O. Address M. Vernon, N.

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.