

FILED JAN 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41959**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3034** Registrar's No. **2**

1. PLACE OF DEATH  
 a. COUNTY **LOUISIANA MO**  
**Pike**  
 b. CITY (If outside corporate limits, write RURAL and give township) \_\_\_\_\_  
 OR TOWN \_\_\_\_\_  
 c. LENGTH OF STAY (In this place) **3-Days**  
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Pike County Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE **Missouri** b. COUNTY **Pike**  
 c. CITY (If outside corporate limits, write RURAL and give township) **0820**  
 OR TOWN **Clarksville Mo.**  
 d. STREET ADDRESS (If rural, give location) \_\_\_\_\_

3. NAME OF DECEASED  
 a. (First) **Charles** b. (Middle) **J** c. (Last) **FERN**

4. DATE OF DEATH (Month) (Day) (Year)  
**Dec. 28-1954**

5. SEX **Male**  
 6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
**married**

8. DATE OF BIRTH  
**June 29-1876**

9. AGE (In years last birthday) **78**  
 IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
 IF UNDER 2 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Machinist**

10b. KIND OF BUSINESS OR INDUSTRY  
**Machinist**

11. BIRTHPLACE (State or foreign country)  
**Clarksville Missouri**

12. CITIZEN OF WHAT COUNTRY?  
**U.S.A.**

13a. FATHER'S NAME  
**John Fern**

13b. MOTHER'S MAIDEN NAME  
**Lou Ann Burr**

14. NAME OF HUSBAND OR WIFE  
**Lillie Fern**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
**No**

16. SOCIAL SECURITY NO.  
 \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
**Lillie Fern Clarksville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **pulmonary embolus**  
 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.  
**uremia**

INTERVAL BETWEEN ONSET AND DEATH  
**3 hours**

19a. DATE OF OPERATION  
 \_\_\_\_\_  
 19b. MAJOR FINDINGS OF OPERATION  
 \_\_\_\_\_

20. AUTOPSY? YES  NO  **+65-X**

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?  
 \_\_\_\_\_

22. I hereby certify that I attended the deceased from **11-8-**, 1950, to **12-28**, 1954, that I last saw the deceased alive on **12-28**, 1954, and that death occurred at **11:10 A** m., from the causes and on the date stated above.

23a. SIGNATURE **John H. Hooker, MD** (Degree or title)

23b. ADDRESS **Clarksville, Mo.**

23c. DATE SIGNED **12-29-54**

24a. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

24b. DATE **Dec. 30, 1954**

24c. NAME OF CEMETERY OR CREMATORY **Greenwood**

24d. LOCATION (City, town, or county) (State)  
**Clarksville Missouri**

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE  
**Dec 30 1954 Bernice Collier**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
**J. Brown Clarksville Mo**

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed..... *J. H. Brown*

Licensed Embalmer No. *2648*

P. O. Address *Clarksville 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.