

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3863

State File No.

FILED MAR 7 1955

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar	c. LENGTH OF STAY (In this place) 1 mo	c. CITY OR TOWN Lamar	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital		e. STREET ADDRESS (If rural, give location) 0061	

3. NAME OF DECEASED (Type or Print) CHAS	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Feb 28 1955
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5. SEX M 0	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2 Oct 21 1860	9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Months 4	IF UNDER 1 HRS. Days 7	IF UNDER 1 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant	10b. KIND OF BUSINESS OR INDUSTRY General Store	11. BIRTHPLACE (City and State or Foreign Country) Moro, Illinois	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Lester B. Young	13b. MOTHER'S MAIDEN NAME Catharin Lentz	14. NAME OF HUSBAND OR WIFE Henrietta Elizabeth Samuel
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No XXXX	16. SOCIAL SECURITY NO. XXXX	17. INFORMANT'S SIGNATURE OR NAME Joy Young, Lamar, Missouri	ADDRESS Lamar, Missouri
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH 1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>fracture of R hip</u> 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 E9030 20	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Lamar, Barton, Mo	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lamar Barton Mo
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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? falling on the floor
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22. I hereby certify that I attended the deceased from Jan 15, 1953, to 2-28, 1955; that I last saw the deceased alive on 2-28, 1955, and that death occurred at 1:05 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>D. R. Guedner M.D.</u>	(Degree or title)	23b. ADDRESS <u>Lamar</u>	23c. DATE SIGNED <u>3-4-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Mar 5 1955	24c. NAME OF CEMETERY OR CREMATORY Lake 14	24d. LOCATION (City, town, or county) (State) Lamar, Missouri
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 5 - 1955 <u>Marie Konantz</u>	25. FUNERAL DIRECTOR'S SIGNATURE Konantz Funeral Home, Lamar, Missouri	ADDRESS Lamar, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 7 1955
MAR 21 1955

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.....
Signature of Student Embalmer

Signed..... *Carl F. Kowitz*

Licensed Embalmer No. *224*

P. O. Address *Lamar 7*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.