

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **624**

FILED JAN 16 1956

BIRTH NO. _____ REG. DIST. NO. **61** PRIMARY REG. DIST. NO. **5236** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN El Dorado Springs		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Brownington
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 0420	

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) Franklin	c. (Last) Straw	4. DATE OF DEATH (Month) (Day) (Year) Jan. 7 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 23, 1920	9. AGE (In years last birthday) 35	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boiler Maker	10b. KIND OF BUSINESS OR INDUSTRY Dorby Corp.	11. BIRTHPLACE (City and State or Foreign Country) Boner Springs, Kans.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Charles Straw	13b. MOTHER'S MAIDEN NAME Ina Eversole	14. NAME OF HUSBAND OR WIFE Amy Straw
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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) Yes World War II	16. SOCIAL SECURITY NO. 494-12-3346	17. INFORMANT'S SIGNATURE OR NAME Mrs. Amy Straw, Brownington, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple infarcts to		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) Head & Body Broken		
	DUE TO (c) Left Leg		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hi Way 64	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Cedar Co., Missouri 0200
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 7 1956 4:45 pm	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile Accident
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:45 p** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. D. ...	23b. ADDRESS El Dorado Springs, Mo.	23c. DATE SIGNED 1-8-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-8-56	24c. NAME OF CEMETERY OR CREMATORY Brownington Cemetery	24d. LOCATION (City, town, or county) (State) Brownington, Missouri
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DATE REC'D BY LOCAL REG. Jan 8 56	REGISTRAR'S SIGNATURE George W. ...	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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No. 300
10-48

JAN 17 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Floyd C. Coathier*

Licensed Embalmer No. *44*

P. O. Address *El Dorado*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F

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.