

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 27 1956

62 State File No. **28007**
REG. DIST. NO. **314** PRIMARY REG. DIST. NO. **6052** Registrar's No. **49**

1. PLACE OF DEATH a. COUNTY St. Clair		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission). -a.- STATE Missouri - - - COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Collins		c. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN Rural- Collins
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION East Doyal Township		e. STREET ADDRESS (If rural, give location) East Doyal Township 8930	
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) --- c. (Last) Vahle		4. DATE OF DEATH July 23, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Sept; 26, 1892
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Clair County Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Vahle	
13b. MOTHER'S MAIDEN NAME Elizabeth Pieper		14. NAME OF HUSBAND OR WIFE ---	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME John Vahle, Collins Missouri		ADDRESS	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic nephritis 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		592X	
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 (Month) (Day) (Year) (Hour) OF INJURY	
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 7-26 , 19 54 , to 7-23 , 19 56 , that I last saw the deceased alive on 7-21 , 19 56 , and that death occurred at 1: A.M. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. E. D. Brown D.O.		23b. ADDRESS Collins Mo	
23c. DATE SIGNED 7-23-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 7/25/56		24c. NAME OF CEMETERY OR CREMATORY Marshal Cemetery	
24d. LOCATION (City, town, or county) (State) Collins Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Goodrich Funeral Home, Osceola Mo.	
DATE REC'D BY LOCAL REG. 8-18-56		REGISTRAR'S SIGNATURE Ruth Seewers	

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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. B. Bradnich

Licensed Embalmer No. 3038

P. O. Address Osceola, W.

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.