

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33813**

FILED NOV 1 - 1956

BIRTH NO. _____		REG. DIST. NO. <u>44</u>		PRIMARY REG. DIST. NO. <u>4236</u>		Registrar's No. <u>94</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)			
a. COUNTY <u>IRON</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>DES ARC</u>		c. LENGTH OF STAY (in this place) <u>(✓)</u>		c. CITY OR TOWN <u>DES ARC</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>(✓)</u>		e. STREET ADDRESS <u>(✓)</u>		f. (If rural, give location) <u>(✓)</u>		d. Is Residence within limits of a city or incorporated town? Yes <u>(✓)</u> No <u>()</u>	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>MANDY</u>	b. (Middle) <u>DOBBS</u>	c. (Last) <u>CHARLTON</u>	Month <u>OCT</u>	Day <u>14</u>	Year <u>1956</u>	FEMALE	6. COLOR OR RACE <u>WHITE</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JAN-1-1883</u>		9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>REYNOLDS Co. MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>JOHN DOBBS</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH MINNER</u>	
14. NAME OF HUSBAND OR WIFE <u>FRA CHARLTON</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>(✓)</u>		16. SOCIAL SECURITY NO. <u>(✓)</u>		17. INFORMANT'S SIGNATURE OR NAME <u>GLADYS MOSS</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) <u>hypertension & arteriosclerosis</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		20. AUTOPSY? <u>331X</u>		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) (Min)		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 <u>1954</u> , 19 <u>56</u> , to <u>Oct 14</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Oct 15</u> , 19 <u>56</u> , and that death occurred at <u>11:00 am</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Mrs. Gladys Moss</u>				23b. ADDRESS <u>Redmont Mo</u>		23c. DATE SIGNED <u>10/17/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT. 16-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DES ARC CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>DES ARC MO</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 26-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman W. Fish</u>		ADDRESS <u>Redmont Mo.</u>	

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

APR 13 1956

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

Student.....
Signature of Student Embalmer

Signed Merwin E. Bowler

Licensed Embalmer No. 4426

P. O. Address Redmont

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.