

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 5 - 1956

STATE FILE NUMBER **34579**

Registration District No. **164** Primary Registration District No. **3032** Registrar's No. **134**

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg		c. CITY OR TOWN Warrensburg	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wbg. Medical Center		d. STREET ADDRESS 512 N. Warren St.	
3. NAME OF DECEASED (Type or print) CHARLINE		4. DATE OF DEATH Oct. 25, 1956	
5. SEX Female		6. COLOR OR RACE Negro	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 14, 1896	
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (City and state or country) Warrensburg, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Henry Washington		14. MOTHER'S MAIDEN NAME Mary Holmes	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 486-36-1279	
17. INFORMANT Mrs. Mattie Woodruff		Address Kansas City, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Diabetes Mellitus			INTERVAL BETWEEN ONSET AND DEATH 1 day
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 10-24-56 to 10-25-56 and last saw her alive on 10-25-56 Death occurred at 9:45 p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Chloe Cooper (Degree or title) M. D.		22b. ADDRESS Warrensburg, Missouri	
22c. DATE SIGNED 10/27/56		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Oct. 28, 1956		23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery	
23d. LOCATION (City, town, or county) Warrensburg, Missouri		24. FUNERAL DIRECTOR ADDRESS R. A. Brauninger Warrensburg, Mo.	
25. DATE RECD. BY LOCAL REG. Oct. 28, 1956		26. REGISTRAR'S SIGNATURE Savannah Crutchfield	

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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

Student.....
Signature of Student Embalmer

Signed *Lawrence J. Thompson*

Licensed Embalmer No. *47*

P. O. Address *Warrensburg*

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