

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35141**

FILED OCT 22 1956

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **242**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Saint Charles	b. CITY (If outside corporate limits, write RURAL and give OR TOWN Saint Charles)	a. STATE Missouri	b. COUNTY St. Charles
c. LENGTH OF STAY (In this place) 30 days		c. CITY OR TOWN St. Charles	d. Is 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 405 Boonslick		e. STREET ADDRESS (If rural, give location) 405 Boonslick	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) Charles	b. (Middle) C.	c. (Last) White	(Month) Oct.	(Day) 16,	(Year) 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 2, 1899		9. AGE (In years last birthday) 57
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) guard		10b. KIND OF BUSINESS OR INDUSTRY A.C.F.	11. BIRTHPLACE (City and State or Foreign Country) Illinois		12. CITIZENRY OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles H. Wilson	13b. MOTHER'S MAIDEN NAME Minnie Funderburke	14. NAME OF HUSBAND OR WIFE Jessie Lumpkin
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes W. W. # 1	16. SOCIAL SECURITY NO. 496-14-3525	17. INFORMANT'S SIGNATURE OR NAME Mrs. Jessie White, St. Charles, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 WKS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Posterior myocardial infarct		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerotic Coronary Artery Disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Laryngomalacia	

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201
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 7/21, 1955, to 10/16, 1956, that I last saw the deceased alive on 10/15, 1956, and that death occurred at 10:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul H. Kother MD	23b. ADDRESS St. Charles, Mo.	23c. DATE SIGNED 10/17/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 18, 1956	24c. NAME OF CEMETERY OR CREMATORY Fee Fee Cemetery	24d. LOCATION (City, town, or county) (State) Pattonville, Mo.
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DATE REC'D BY LOCAL REG. Oct 22-56	REGISTRAR'S SIGNATURE Edgar H. Bridger	5. FUNERAL DIRECTOR'S SIGNATURE R.C. Daugherty	ADDRESS St. Charles, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0801 2 2 101

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 *Frank R. Qualman*
Licensed Embalmer No. *48*
P. O. Address *St. Charles*

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.