

0950

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6078 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Ste. Genevieve</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Ste. Genevieve</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jackson</u>		c. LENGTH OF STAY (In this place) <u>15 yrs</u>	c. CITY OR TOWN
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bloodsdales</u>		e. STREET ADDRESS (If rural, give location) <u>Bloodsdales 178</u>	

3. NAME OF DECEASED (Type or Print) <u>Russell</u>	a. (First)	b. (Middle)	c. (Last) <u>Charleville</u>	4. DATE OF DEATH <u>MAY 1 1957</u>
--	------------	-------------	------------------------------	------------------------------------

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Jan 26, 1918</u>	9. AGE (In years last birthday) <u>39</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
-----------------	---------------------------	---	--------------------------------------	---	------------------------	----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GUARD</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Crestus Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	-----------------------------------	--	--

13a. FATHER'S NAME <u>FRANK Charleville</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Carson</u>	14. NAME OF HUSBAND OR WIFE <u>Virginia Bayer</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>489-18-3530</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Virginia Charleville</u>	ADDRESS <u>Bloodsdales Mo</u>
---	--	---	-------------------------------

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) <u>Uremia</u>		18b. INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>1-2 years</u> <u>10-15 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Inter-capillary glomerular sclerosis</u>		
	DUE TO (c) <u>Diabetes mellitus</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive Heart disease</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>260X</u>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
------------------------	--	--

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)	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 Dec. 4, 1957, to 1 May, 1957, that I last saw the deceased alive on 30 April, 1957, and that death occurred at 6:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph F Putnam MD</u> (Degree or title)	23b. ADDRESS <u>St Marys Mo</u>	23c. DATE SIGNED <u>5/2/57</u>
--	---------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-4-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sacred Heart</u>	24d. LOCATION (City, town, or county) (State) <u>Crestus, Mo</u>
---	-------------------------	--	--

DATE REC'D BY LOCAL REG. <u>5/3/1957</u>	REGISTRAR'S SIGNATURE <u>Luella Barber</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James Barber</u>	ADDRESS <u>Ste Genevieve Mo</u>
--	--	--	---------------------------------

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

481

MAY 13 1957

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 *[Handwritten Signature]*
Licensed Embalmer No. 3817

P. O. Address *[Handwritten Address]*

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.