Health, Welfare Public Service

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FILED APR 3 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-010560
STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5055 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY Lawrence	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton 0060
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Mt. Vernon — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Irwin — Inside Limits Yes ☐ No ☐ 0
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mo. State Sanatorium — Length of stay in 1b 3 days	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: Charles	Middle: O.	Last: Delain	4. DATE OF DEATH Month: March Day: 21, Year: 1958
5. SEX: Male 0	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ 0 DIVORCED ☐	8. DATE OF BIRTH: unknown	9. AGE (In years last birthday): 50 — 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): ~~xxxx~~ unknown	10b. KIND OF BUSINESS OR INDUSTRY: unknown	11. BIRTHPLACE (City and state or country): unknown 9	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME: unknown	13b. MOTHER'S MAIDEN NAME: unknown	14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) peace time(years	16. SOCIAL SECURITY NO. unknown)	17. INFORMANT Address San.records,Mo.State San.,Mt.Vernon, Mo.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cor pulmonale — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Pulmonary tuberculosis — many years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 002X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 3-18-58 (p.m.), to 3-21-58 and last saw ~~her~~ him alive on 3-21-58

Death occurred at 7:45 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Geo. N. Hobbs MD	22b. ADDRESS Mt. Vernon, Mo.	22c. DATE SIGNED 3-21-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-21-58	23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State) Lamar, Mo.		
24. FUNERAL DIRECTOR Konantz Funeral Home, ADDRESS Lamar, Mo.	25. DATE RECD. BY LOCAL REG. 3-21-58	26. REGISTRAR'S SIGNATURE Cecil Hendricks

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

APR 10 1958

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 Norman L. Thompson

Licensed Embalmer No. 4816

P. O. Address Lamar, Mo.

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.