

THE DIVISION OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

**58-035691**  
STATE FILE NUMBER

FILED OCT 21 1958

Registration District No. 49 Primary Registration District No. 5174 Registrar's No. 12

5. 300  
1-57

3

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Adair</u> " " Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lick Creek, Camp</u> Length of stay in lb <u>2 months</u>		d. STREET ADDRESS (If outside, give location) <u>3908</u> <u>0</u> <u>7345 Euclid</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Charles Henry</u> <u>Needles</u>			4. DATE OF DEATH Month Day Year <u>10</u> <u>19</u> <u>1958</u>
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <u>9</u> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>4-28-98</u>
9. AGE (In years last birthday) <u>60</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u> <del>Retired</del>	11. BIRTHPLACE (City and state or country) <u>St. Marys, Ohio</u> <u>1</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Industry</u>		12. CITIZEN OF WHAT COUNTRY? <u>American</u>	
13a. FATHER'S NAME <u>Joseph C. Needles</u>		13b. MOTHER'S MAIDEN NAME <u>Myrtle K. Caldwell</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W. W. I</u>		16. SOCIAL SECURITY NO. <u>486-69-6193</u>	17. INFORMANT <u>Avery Needles</u> Address <u>7345 Euclid, K. C. Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Burned completely</u> DUE TO (b) <u>Cabin burning</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>9164</u> <u>16</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>015</u> COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. Stotler</u> (Degree or title) <u>3</u>		22b. ADDRESS <u>Camdenton, Missouri</u>	
22c. DATE SIGNED <u>10-19-58</u>			
23a. ADDRESS OF CEMETERY OR CREMATORY <u>Wood lawn Cemetary</u>	23b. DATE <u>10 21 58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wood lawn Cemetary</u>	23d. LOCATION (City, town, or county) (State) <u>Independence, Missouri</u>
24. FUNERAL DIRECTOR <u>Reed Funeral Home, Camdenton, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>10-20-58</u>	26. REGISTRAR'S SIGNATURE <u>Alda Eldred</u>

NOV 14 1958  
OCT 27 1958

NOV 13 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 ~~.....~~ *Not Embalmed*, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Robert H Reed* .....

Licensed Embalmer No. *3745* .....

P. O. Address *Camden N.J.* .....

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.