

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002084

STATE FILE NUMBER

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 10

<p>FILED FEB 3 1959</p> <p>1. DECEASED a. COUNTY - Madison</p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Madison</p>	
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fredericktown</p>		<p>c. CITY OR TOWN Fredericktown ^{cb 210}</p>	
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 202 Loughborough</p>		<p>d. STREET ADDRESS (If outside, give location) 202 Loughborough</p>	
<p>3. NAME OF DECEASED (Type or print) First Middle Last Charles Monroe Villars</p>		<p>4. DATE OF DEATH Month Day Year January 28, 1959</p>	
<p>5. SEX Male 2</p>	<p>6. COLOR OR RACE Negro</p>	<p>7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/></p>	<p>8. DATE OF BIRTH Oct. 15, 1890</p>
<p>9. AGE (In years last birthday) 68</p>		<p>10. KIND OF BUSINESS OR INDUSTRY Plumbing Shop</p>	<p>11. BIRTHPLACE (City and state or country) Madison County, Mo.</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber</p>		<p>12. CITIZEN OF WHAT COUNTRY? U.S.</p>	
<p>13a. FATHER'S NAME Zeph Villars</p>		<p>13b. MOTHER'S MAIDEN NAME Minnie Polete</p>	
<p>14. NAME OF HUSBAND OR WIFE Lula Villars</p>		<p>15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No</p>	
<p>16. SOCIAL SECURITY NO. Unknown</p>		<p>17. INFORMANT Address Mrs. Lula Villars, Fredericktown, Mo.</p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure</p>			<p>INTERVAL BETWEEN ONSET AND DEATH 1 week</p>
<p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Diabetes mellitus</p>			<p>1 year</p>
<p>DUE TO (c)</p>			<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 260x</p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>		<p>20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.</p>	
<p>20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	
<p>20f. CITY, TOWN, OR LOCATION Fredericktown, Mo.</p>		<p>COUNTY STATE</p>	
<p>21. I attended the deceased from Jan 21, 59, to Jan 28, 59 and last saw him alive on Jan 28, 59 Death occurred at 9:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE (Degree or title) C. W. DeLyane D.O.</p>		<p>22b. ADDRESS Fredericktown Mo</p>	
<p>22c. DATE SIGNED Jan 30, 59</p>		<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Burial</p>	
<p>23b. DATE 1/30/59</p>		<p>23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery</p>	
<p>23d. LOCATION (City, town, or county) Madison County, Mo.</p>		<p>(State)</p>	
<p>24. FUNERAL DIRECTOR Najim Funeral Home</p>		<p>25. DATE RECD. BY LOCAL REG. 1-30-1959</p>	
<p>26. REGISTRAR'S SIGNATURE Therence Licker</p>		<p>ADDRESS Fredericktown, Mo.</p>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Print No. 28-9-10

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 Charles McJury

Licensed Embalmer No. 4852

P. O. Address Friedrichstau

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.