

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002392

STATE FILE NUMBER

FILED JAN 12 1959 Registration District No. 274 Primary Registration District No. Registrar's No. 16

| | | | | | | | |
|---|---|---|--|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Pettis | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Houstonia | | | Inside Limits OR TOWN Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Houstonia | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) Residence | | | Length of stay in 1b 26 years | d. STREET ADDRESS (If outside, give location) Residence | | | |
| 3. NAME OF DECEASED (Type or print) First Harry Middle Fulton Last Charles | | | | 4. DATE OF DEATH Month Jan. Day 8, Year 1959 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH August 12, 1881 | | 9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farming | | 11. BIRTHPLACE (City and state or country) Pettis County, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U. S. | | |
| 13. FATHER'S NAME Sebeling Charles | | | | 14. MOTHER'S MAIDEN NAME Zumwalt | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. 491-07-7622 | | 17. INFORMANT Cyrus Charles, Houstonia, Mo. | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Arteriosclerosis | | | | | | | INTERVAL BETWEEN ONSET AND DEATH Instant |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Age & probably overweight | | | | | | | |
| DUE TO (c) _____ | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201 | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input 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 _____ a. m. _____ p. m. | | | fall & over from my gun | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | | STATE |
| | | | | Houstonia, Mo. | | | Mo. |
| 21. I attended the deceased from 1900 to 1-8-59 and last saw him alive on 1-7-1959 Death occurred at 1:00 A. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) V. L. F. Christ, M.D. | | | | 22b. ADDRESS 13027 Houstonia, Mo. | | 22c. DATE SIGNED Jan-9-59 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Jan. 10, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Houstonia Cemetery | | 23d. LOCATION (City, town, or county) (State) Houstonia, Mo. | | |
| 24. FUNERAL DIRECTOR Paul M. Moore La Monte Mo | | | | 25. DATE RECD. BY LOCAL REG. Jan 10-1959 | | 26. REGISTRAR'S SIGNATURE Frances Shelby | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *Paul M. Moore*.....

Licensed Embalmer No. *390*

P. O. Address *La Monte*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.