

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0017733

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 336 Primary Registration District No. 6135 Registrar's No. 232 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
 AMENDED

VS 300
 Rev. 4/59

1/10/10
 2/10/10
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 4 0
 5 1
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 7 1
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 12 70-2
 13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY SHANNON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SHANNON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HARTSHORN | | Length of stay in 1b 50 years | c. CITY OR TOWN HARTSHORN |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ROUTE # 4 | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) ROUTE # 4 |
| 3. NAME OF DECEASED (Type or print) First CHARLES Middle H. Last MICHEL | | 4. DATE OF DEATH Month APRIL Day 28 Year 1964 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1-7-1882 |
| 9. AGE (last birthday) 82 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE | 11. BIRTHPLACE (City and state or country) ST. LOUIS MISSOURI |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | | |
| 13a. FATHER'S NAME GEORGE MICHEL | | 13b. MOTHER'S MAIDEN NAME ANNA NEE BENNE | 14. NAME OF HUSBAND OR WIFE MALVA EDMOND MICHEL |
| 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. UNKNOWN | 17. INFORMANT HAROLD MICHEL HARTSHORN |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Inanition & Dehydration</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Primary adenocarcinoma of prostate gland 1 yr</i> DUE TO (c) <i>Carcinomatosis</i> | | INTERVAL BETWEEN ONSET AND DEATH 1 yr | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 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. | 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 COUNTY STATE |
| 21. I attended the deceased from 1963 to April 1964 and last saw him alive on April 25 Death occurred at 6 A m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>Dr. Lawrence Hampton Do</i> | | 22b. ADDRESS Summersville | 22c. DATE SIGNED 5/1/64 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE MAY 1, 1964 | 23c. NAME OF CEMETERY OR CREMATORY SUMMERSVILLE CEMETERY | 23d. LOCATION (City, town, or county) (State) SUMMERSVILLE MISSOURI |
| 24. FUNERAL DIRECTOR SUMMERSVILLE FUNERAL HOME SUMMERSVILLE, MO. | | 25. DATE RECD. BY LOCAL REG. 5-12-1964 | 26. REGISTRAR'S SIGNATURE <i>Malcolm R...</i> |

USE BLACK INK OR TYPEWRITER RIBBON

1452

OFFICIAL

JUL 10 1964

MAY 20 1964

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 Robert A. Bates

Licensed Embalmer No. 5239
P. O. Address Houston, 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.