

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0025826

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 4051 Registrar's No. 487

DO NOT WRITE ON THIS STUB
 AMENDED

FILED AUG 13 1964

VS 300 Rev. 4/59	DATE AMENDED
1 0100	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
2 0100	
3	
4 0	
5 2	
6	
7 1	
8 2	
9 200	
10	
11	
12 86-0	
13 3-0	

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HALLSVILLE		Length of stay in 1b 3 yrs	c. CITY OR TOWN Col
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HARTLEY REST HOME		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RFD
3. NAME OF DECEASED (Type or print) First CHARLES Middle OTTO Last CHOATE		4. DATE OF DEATH Month AUGUST Day 8 Year 1964	
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 5-22-1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED RAILROADER		10b. KIND OF BUSINESS OR INDUSTRY W. PACIFIC R.R. Station	9. AGE (last birthday) 90
11. BIRTHPLACE (City and state or country) EFFINGHAM, ILL.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME JACOB A. CHOATE		13b. MOTHER'S MAIDEN NAME HERRIETT WELLS RAINES	
14. NAME OF HUSBAND OR WIFE Alice Ellen Bates		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. 702-14-4760		17. INFORMANT MRS. CECIL HORN, CEDAR CITY, 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) Arteriosclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH 6 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) Cerebral arteriosclerosis & senility			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 Coroner's Case and last saw her/him alive on _____ Death occurred at 6:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Richard E. Johnson, MD		22b. ADDRESS Columbia, Mo	
22c. DATE SIGNED 8-8-64			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL - REM.	23b. DATE 8-10-1964	23c. NAME OF CEMETERY OR CREMATORY MASONIC CEMETERY	23d. LOCATION (City, town, or county) (State) CLARKSBURG, MO.
24. FUNERAL DIRECTOR Hugh E. Williams, California, MO		25. DATE RECD. BY LOCAL REG. Aug. 8 1964	
26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer			

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NO. 1000
1934

AUG 13 1934

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 Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address California, 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.