DEPARTMENT OF PUBLIC HEALTH AND WELFARE – MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

CERTIFICATE OF DEATH

STATE FILE NUMBER **124** **73 024165**

DO NOT WRITE ON THIS STUB

VS 300
Rev. 11/72

FILED OCT 24 1973 Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 257

7b. 4000
7d. 10100
8. 29
14a. 29
14b. 201
14c-d. 40001
14e. 025
23. 0024427
26a. 2
18-U. 1621
18-S-1.
18-S-2.
20a-f.
20g-St.
20g-Co.
20g-Cy.

Type or print in PERMANENT BLACK INK. See handbook for instructions.

DECEASED

1. DECEASED—NAME: DOYNE EVERETT CHARTRAU
2. SEX: MALE
3. DATE OF DEATH (MONTH, DAY, YEAR): Oct 11 1973
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.): WHITE
5a. AGE—LAST BIRTHDAY (YEARS): 59
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): NOV 16 1913
7a. COUNTY OF DEATH: Scott
7b. CITY, TOWN, OR LOCATION OF DEATH: SIKESTON
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): YES
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): MO. DELTA COMM. HOSP.
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): MISSOURI
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): MILDRED LEWIS
12. SOCIAL SECURITY NUMBER: 489-09-8774
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): DRIVER
13b. KIND OF BUSINESS OR INDUSTRY: VALLEY STEEL PRODUCTS Co.

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

14a. RESIDENCE—STATE: Mo
14b. COUNTY: Scott
14c. CITY, TOWN, OR LOCATION, ZIP CODE: SIKESTON 63801
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): YES
14e. TOWNSHIP: RICHLAND
14f. STREET AND NUMBER: 830 LAKE

PARENTS

15. FATHER—NAME: EVERETT F. CHARTRAU
16. MOTHER—MAIDEN NAME: EMMA HAGAR

17a. INFORMANT—NAME: MRS. MILDRED CHARTRAU
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 830 LAKE - SIKESTON MO 63801

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE (a)	Carcinomatosis: Brain, Abdomen	Unknown
DUE TO, OR AS A CONSEQUENCE OF: (b)	Bronchogenic carcinoma right lung.	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST: DUE TO, OR AS A CONSEQUENCE OF: (c)		

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19a. AUTOPSY (YES OR NO): no
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
20b. DATE OF INJURY (MONTH, DAY, YEAR)
20c. HOUR
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20e. INJURY AT WORK (SPECIFY YES OR NO)
20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)
20h. IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS ☐ YES ☐ NO ☐ UNK

CERTIFIER

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM: MONTH 5 DAY 23 YEAR 73 TO 21b. MONTH 10 DAY 11 YEAR 73
21c. AND LAST SAW HIM/HER ALIVE ON: MONTH 10 DAY 11 YEAR 73
21d. I DID/DID NOT VIEW THE BODY AFTER DEATH: Did
21e. DEATH OCCURRED (HOUR): 5:46a M. TO THE CAUSE(S) STATED. AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE

22a. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. HOUR OF DEATH: 5:46 a.m.
22b. THE DECEDENT WAS PRONOUNCED DEAD: MONTH 10 DAY 11 YEAR 73 HOUR 5:46 a.m.

23a. CERTIFIER—NAME (TYPE OR PRINT): John P. Sargent, M.D.
23b. MO. LICENSE NO.: 24427
23c. SIGNATURE: John P Sargent MD (DEGREE OR TITLE)
23d. DATE SIGNED (MONTH, DAY, YEAR): 10-15-73
23e. MAILING ADDRESS—CERTIFIER: John P. Sargent, M.D. 808 E. Wakefield Sikeston, Missouri 63801 (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
24b. CEMETERY OR CREMATORY—NAME: GARDEN OF MEMORIES
24c. LOCATION (CITY OR TOWN, STATE): SIKESTON MO
24d. DATE (MONTH, DAY, YEAR): OCT 13, 1973
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): WELSH FUNERAL HOME INC. SIKESTON MO 63801
25b. FUNERAL DIRECTOR—SIGNATURE: Raymond Greene
25c. REG. NO.: 284
26a. REGISTRAR—SIGNATURE: Lauriette Waldrop
26b. DATE RECEIVED BY LOCAL REGISTRAR

OCT 25 1973

Permit - Oct 12-1973

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 Paul E. Weber, Student Embalmer No. 1025

working under my personal supervision.

Student Paul E. Weber
Signature of Student Embalmer

Signed Raymond Crews

Licensed Embalmer No 3467

P. O. Address Sikeston 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.