

FILED MAR 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3896

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 240

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph	c. LENGTH OF STAY (In this place) 1 yr 5 mo 2 day	c. CITY (If outside corporate limits, write RURAL and give township) Oregon 0440	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No. 2.		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print) <b>Archie</b>	a. (First)	b. (Middle) <b>L</b>	c. (Last) <b>CARSON</b>	4. DATE OF DEATH (Month) (Day) (Year) 2-4-1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 2-2-1879 13/12/1879 73	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common laborer	10b. KIND OF BUSINESS OR INDUSTRY Common laborer	11. BIRTHPLACE (State or foreign country) Holt County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph Carson	13b. MOTHER'S MAIDEN NAME Blanche McCall	14. NAME OF HUSBAND OR WIFE Stella
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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. None	17. INFORMANT'S SIGNATURE OR NAME Helvia Carson - Oregon, Missouri	ADDRESS Oregon, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Onset of pneumonia</u>		<u>1 day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Astoria sclerosis</u>		<u>90 years</u>
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4500</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10-21-1948, to 12-24-1949, that I last saw the deceased alive on 2-4-1950, and that death occurred at 12:20 Am., from the causes and on the date stated above.

23a. SIGNATURE G. H. Macgregor, M.D.	(Degree or title)	23b. ADDRESS St. Joseph, Mo. State Hospital No. 2	23c. DATE SIGNED 2-4-50.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/8/50	24c. NAME OF CEMETERY OR CREMATORY Mount Auburn	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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DATE REC'D BY LOCAL REG. Mar. 4, 1950	REGISTRAR'S SIGNATURE G. B. Jenkins 382	25. FUNERAL DIRECTOR'S SIGNATURE Victor Barry 2218 10	ADDRESS St. Joseph, Mo.
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**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 .....  
Student Embalmer

Signed Victor J. Barry

Licensed Embalmer No. 4212

P. O. Address St Joseph 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 this body is not embalmed, fact should be so stated above.