

FILED MAY 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15854

BIRTH NO. _____		REG. DIST. NO. 32		PRIMARY REG. DIST. NO. 5112		Registrar's No. 46	
1. PLACE OF DEATH a. COUNTY Bollinger				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lutesville, Lorraine		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ROBERTSON - MO 4000			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) RR-1-BOX 210			
3. NAME OF DECEASED (Type or Print) a. (First) Daniel		b. (Middle)		c. (Last) Carver		4. DATE OF DEATH (Month) (Day) (Year) 5 13 50	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan 14th 1890	
9. AGE (In years last birthday) 60		10. IF UNDER 1 YEAR (Months) 3		11. IF UNDER 1 HRS. (Hours) 29		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Carpenter		11. BIRTHPLACE (State or foreign country) Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME William Carver		13b. MOTHER'S MAIDEN NAME Jane Merit		14. NAME OF ~~deceased~~ OR WIFE Edna Rutschilling			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME James D. Carver ADDRESS 26 Duwyl St. St. Louis, Mo			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Stroke DUE TO (c) Automobile accident II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 48 32	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION r		20. AUTOPSY? YES ☐ NO ☒		20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public road		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lorraine Bollinger Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) 5 13 50 5 PM	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? Car turned over		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE John L. Morris (Degree or title) Coroner		23b. ADDRESS Lutesville Mo		23c. DATE SIGNED 5/15/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY-16-50		24c. NAME OF CEMETERY OR CREMATORY CALVARY - CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO	
DATE REC'D BY LOCAL REG. May 16/1950		REGISTRAR'S SIGNATURE Willie Van Amburg		25. FUNERAL DIRECTOR'S SIGNATURE Baker ADDRESS Funeral Home, Lutesville		25. FUNERAL DIRECTOR'S SIGNATURE Baker ADDRESS Funeral Home, Lutesville	

(Licensed Emballer's Statement on Reverse Side)

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

JAN 11 1957
15817
31
CRI 18 14W

HEALTH OFFICE 15.

550-213

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 _____

A J Baker

Licensed Embalmer No. *3573*

P. O. Address *Turkeyville 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.