

FILED NOV 9 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 33900

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 151

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City, 0482</u>	
c. LENGTH OF STAY (in this place) <u>45yrs</u>		d. STREET ADDRESS (If rural, give location) <u>114 1/2 N. Webb St. 0</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>114 1/2 N. Webb St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Wright</u> c. (Last) <u>Carlis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 1 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Banker and Clothing</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Salesman</u>		11. BIRTHPLACE (State or foreign country) <u>Boone Co. Mo. 0</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Darby Carlis</u>		13b. MOTHER'S MAIDEN NAME <u>Mary A. Chandley</u>		14. NAME OF HUSBAND OR WIFE	
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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) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William L. Carlis (Son) Webb City</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>3 3 4</u>			
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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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-26, 1950, to Nov 1, 1950, that I last saw the deceased alive on Nov 1, 1950, and that death occurred at 8:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B. Munson D.O.</u>		23b. ADDRESS <u>Webb City, Mo</u>		23c. DATE SIGNED <u>11-2-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 3 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Webb City Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Nov 4-50</u>		REGISTRAR'S SIGNATURE <u>J. L. Hutchell M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Johnston Arnce Simpson, Webb City Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED // - 8-50
Jasper County Health Office
County File Number 50/11/804
Date Filed // - 8-50

MAR 5 1951

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 myself

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Clayton M. Johnston

Licensed Embalmer No. 7304

P. O. Address Webb City - 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.