

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett 0051</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute to Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>200 Lincoln</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANTONE</u> (Middle) _____ c. (Last) <u>CARLSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 9 1950</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 13 1899</u>	9. AGE (In years last birthday) <u>51</u> Months <u>4</u> Days <u>26</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Electrician</u>	11. BIRTHPLACE (State or foreign country) <u>Barry County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Everett Carlsson</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Marie Kaiser</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie May Carlson Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>715-10-4330</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Everett Carlsson - Monett Mo</u> ADDRESS _____
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarct</u>		INTERVAL BETWEEN ONSET AND DEATH <u>years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4228</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	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 1-6-1945, to 11-9-1950, that I last saw the deceased alive on 11-8-1950, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. M. Melton</u> (Degree or title) _____	23b. ADDRESS <u>Monett Mo</u>	23c. DATE SIGNED <u>11-11-50</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 12 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale (Westway)</u>	24d. LOCATION (City, town, or county) (State) <u>Monett Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-11-50</u>	REGISTRAR'S SIGNATURE <u>M. M. Melton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mercer Funeral Home</u> ADDRESS <u>Monett Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

MAR 28 1951

RECEIVED NOV 25 1950

Dist. File 1250-2420

Date Filed 1-2-5-50

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

Roy H. Mercer Jr.

Licensed Embalmer No. 4432

P.O. Address Monett, 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.