

FILED DEC 12 1950

STANDARD CERTIFICATE OF DEATH

5096 State File No. 36108

070
4

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

BIRTH NO. _____		REG. DIST. NO. <u>27</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>110</u>	
1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler-Mt. Pleasant</u>		c. LENGTH OF STAY (In this place) <u>6 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>		<u>0070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pine Tree Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>Pine Tree Rest Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wiley</u>			b. (Middle) _____			c. (Last) <u>CARSON</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 1, 1950</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Aug 6, 1967</u>		9. AGE (In years last birthday) <u>83</u>		if UNDER 1 YEAR Months <u>3</u> Days <u>20</u>		if UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Hopkin Carson</u>		13b. MOTHER'S MAIDEN NAME <u>Minerva Perkey</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>	
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. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wester Carson - RFD, Butler</u>			
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>Branchial pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>renal-arteriosclerosis</u>				<u>2 mo.</u>	
		DUE TO (c) <u>senility</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4971 X</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)		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 <u>Oct.</u> , 19 <u>50</u> , to <u>Dec. 1</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec. 1</u> , 19 <u>50</u> , and that death occurred at <u>7:00 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L. S. La Hue, M.D.</u>				23b. ADDRESS <u>Butler, Mo.</u>		23c. DATE SIGNED <u>12-2-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 3, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morris Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bates Co., Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 2-50</u>		REGISTRAR'S SIGNATURE <u>Ronald Kerry</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Culver-Underwood - Butler, Mo.</u>			

RECEIVED 12/4/50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 12/4/50

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 *Horace T. Hill*

Licensed Embalmer No. *4743*

P. O. Address *Butler, Missouri*

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.