

FILED DEC 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36626

BIRTH NO.		REG. DIST. NO. 112	PRIMARY REG. DIST. NO. 5428	Registrar's No.
1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY FRANKLIN		
b. CITY (If outside corporate limits, write RURAL and give town) Rural - Boone		c. CITY (If outside corporate limits, write RURAL and give township) Boone 0360		
c. LENGTH OF STAY (in this place) 1 yr.		d. STREET ADDRESS (If rural, give location) R.F.D. 2 miles west of Gerald		
d. FULL NAME OF HOSPITAL OR INSTITUTION Home 2 mile west of Gerald				
3. NAME OF DECEASED a. (First) CHARLES (Type or Print)		b. (Middle) McColum		c. (Last) CARRIKER
4. DATE OF DEATH (Month) (Day) (Year) 11 29 50				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 8-21-1881	9. AGE (In years last birthday) 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Sells church Furniture		11. BIRTHPLACE (State or foreign country) North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME HENRY CARRIKER		13b. MOTHER'S MAIDEN NAME Elizabeth BRASSWELL		14. NAME OF HUSBAND OR WIFE ROSE M. CARRIKER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 489-10-2159		17. INFORMANT'S SIGNATURE OR NAME Marion G. Carriker ADDRESS Route 2, Boone, 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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Melanoma Sarcoma		INTERVAL BETWEEN ONSET AND DEATH Unknown
ANTECEDENT CAUSES		DUE TO (b) _____		
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis				
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) 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 Nov 1, 1950 , to Nov 29, 1950 , that I last saw the deceased alive on Nov 29, 1950 , and that death occurred at 6 P. m. , from the causes and on the date stated above.				
23a. SIGNATURE Charles A. Schum (Degree or title) Dr. M.D.		23b. ADDRESS Boone, Mo.		23c. DATE SIGNED 11-30-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 2, 1950	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem., St. Louis, Mo.		24d. LOCATION (City, town, or county) (State) _____
DATE REC'D BY LOCAL REG. 12-1-50	REGISTRAR'S SIGNATURE H. Matthews	FUNERAL DIRECTOR'S SIGNATURE Stanley E. Meyer		ADDRESS Boone, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

360

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC - 8 1950

RECEIVED

VS MAR 25 1960

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 _____

Stanley E. Meyer

Licensed Embalmer No. _____

4839

P. O. Address _____

Guild, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.