

FILED FEB 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5337
Registrar's No. 63

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>RALL'S</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Saline Township, 0870</u>	
c. LENGTH OF STAY (In this place) <u>5 Days</u>		d. STREET ADDRESS (If rural, give location) <u>MONROE CITY</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>STELIZABETH Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ETHEL</u> b. (Middle) <u>GRACE</u> c. (Last) <u>CARLSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEBRUARY 19 1951</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>FEBRUARY 2-1884</u>	9. AGE (In years, months, days) <u>67</u>	10. IF UNDER 1 YEAR Months <u>17</u> Days <u>19</u> Hours <u>1</u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN Home</u>	11. BIRTHPLACE (State or foreign country) <u>RALL'S County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James T. Greeves</u>	13b. MOTHER'S MAIDEN NAME <u>Mary M. Little</u>	14. NAME OF HUSBAND OR WIFE <u>CHARLES H. CARLSON</u>
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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. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Isaac J. Carlson, Shelburne Mo</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>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None apparent</u> DUE TO (c) <u>None apparent</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4:21</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Liver tract - Abdomen: Post operative</u>	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)
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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?
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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 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>Hannibal Mo</u>	23c. DATE SIGNED <u>2-20-51</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-21-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HOLY ROSARY Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>MONROE CITY Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2-21-51</u>	REGISTRAR'S SIGNATURE <u>Barthelme Lucke</u>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WILSON & SON MONROE CITY MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED FEB 23 1951
MALIGN CO. HEALTH DEPT.
DATE FILED FEB 24 1951

MAY 19 1953

P. H. ...

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 me

working under my personal supervision.

Student Embalmer No.

Signed Lennie L. Wilson

Signed.....
Student Embalmer

Licensed Embalmer No. 3014

P. O. Address Moore 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.