S. No. 300
v. 10.48

0143

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

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7686

State File No. 7686

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 76

1. PLACE OF DEATH
a. COUNTY: CALLAWAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FULTON
c. LENGTH OF STAY (In this place): 5 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 203 MARKET

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CALLAWAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FULTON 0143
d. STREET ADDRESS (If rural, give location): 203 MARKET

3. NAME OF DECEASED (Type or Print)
a. (First): ARCHIE
b. (Middle): WOODROW
c. (Last): CARWILE

4. DATE OF DEATH (Month) (Day) (Year): MAR. 9 1951

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: OCT. 23 1918
9. AGE (In years last birthday): 32 — If under 1 year: Months 4, Days 16 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DELIVERY BUSINESS
10b. KIND OF BUSINESS OR INDUSTRY: DELIVERY
11. BIRTHPLACE (State or foreign country): ALABAMA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: J. C. CARWILE
13b. MOTHER'S MAIDEN NAME: D. K.
14. NAME OF HUSBAND OR WIFE: BETTY CARWILE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): W.W II
16. SOCIAL SECURITY: 383-18-8459
17. INFORMANT'S SIGNATURE OR NAME: MRS. ARCHIE CARWILE — ADDRESS: Fulton, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Suicide, Gun shot — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) self inflicted rifle shot
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

E976X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify): Gun shot
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Fulton city Callaway MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): March 9 1951 11-30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: self inflicted

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 _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: W. P. Garrett (Degree or title): Coroner
23b. ADDRESS: Fulton Mo
23c. DATE SIGNED: 3/11/51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3/11/1951
24c. NAME OF CEMETERY OR CREMATORY: HILLCREST
24d. LOCATION (City, town, or county) (State): FULTON, MO.

DATE REC'D BY LOCAL REG.: Mar 17-1951
REGISTRAR'S SIGNATURE: Maretta Lawrence 426
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Maupin Funeral Home, Fulton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAR 1 9 1951
DISTRICT HEALTH OFFICE No. 4
File No. .....

APR 4 1951

VS DEC 7 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Walter J. Haines, Jr.

Signed.....
Student Embalmer

Licensed Embalmer No. 4557

P. O. Address Fulton, 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.