

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13883  
3328

|  |  |  |   |  |  |  |  |
|--|--|--|---|--|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>318</u>  |   | PRIMARY REG. DIST. NO. <u>1002</u>   |  | Registrar's No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Oklahoma</u> b. COUNTY <u>Oklahoma</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give town OR <u>St. Louis, Missouri</u> )  |  | c. LENGTH OF STAY (In this place) _____  |   | c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Oklahoma City</u>   |  | <u>8359</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Missouri Baptist Hospital</u>  |  |  |   | d. STREET ADDRESS (If rural, give location) <u>Rural Route #11 - Box 355</u>   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Carolyn</u> b. (Middle) _____ c. (Last) <u>Carlisle</u>   |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 7, 1951</u>  |  |  |  |  |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>                            | 8. DATE OF BIRTH <u>March 23, 1949</u>                      |  | 9. AGE (In years last birthday) <u>1</u>   | IF UNDER 1 YEAR Months <u>0</u> Days <u>14</u>                                   | IF OVER 1 YEAR Hours _____ Min. _____  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Nil</u>   |   | 11. BIRTHPLACE (State or foreign country) <u>Oklahoma City, Oklahoma</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                                       |  |
| 13a. FATHER'S NAME <u>Donald Carlisle</u>  |  |  | 13b. MOTHER'S MAIDEN NAME <u>Lua Hostler</u>                |  | 14. NAME OF HUSBAND OR WIFE <u>Nil</u>   |  |  |
| 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>Nil</u>  |  | 16. SOCIAL SECURITY NO. <u>None</u>  |   | 17. INFORMANT'S SIGNATURE OR NAME <u>Lua Carlisle-Oklahoma City, Oklahoma</u> ADDRESS _____  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.        | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>My drop of blood; Anesthetic while undergoing Spina Liquid</u><br>ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>at Missouri Baptist Hospital</u> DUE TO (c) <u>and April 7, 1951 about 845 am</u><br>II. OTHER SIGNIFICANT CONDITIONS <u>845 am</u><br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH _____ |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION _____   |   |  |  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <u>757X</u>   |  |  |  |
| 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 <u>845A</u> m., from the causes and on the date stated above. |  |  |   |  |  |  |  |
| 23a. SIGNATURE <u>Samuel E. Taylor, M.D.</u> (Degree or title)   |  |  |   | 23b. ADDRESS <u>1300 Clark Street,</u>   |  | 23c. DATE SIGNED <u>4. 9. 51</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>   |  | 24b. DATE <u>4-9-51</u>  | 24c. NAME OF CEMETERY OR CREMATORY <u>Fairlawn Cemetery</u> |  | 24d. LOCATION (City, town, or county) (State) <u>Oklahoma City, Oklahoma</u>         |  |  |
| DATE REC'D BY LOCAL REG. <u>APR 9 1951</u>   |  | REGISTRAR'S SIGNATURE <u>J. B. Foster</u>  |   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe-4700 Washington Blvd</u> |  |  |

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

**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 *Robert M. Murray*

Licensed Embalmer No. *3749*

P. O. Address *St. Louis, 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.