

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26074

State File No. _____

FILED SEP 12 1951

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

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>131</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u> <u>0043</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>		c. LENGTH OF STAY (in this place) <u>1 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rual, Wilson</u> <u>0043</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D.#2, Thompson</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ollie</u>		b. (Middle) _____		c. (Last) <u>CARLYLE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 30, 1951</u>	
5. SEX <u>Male</u> <input checked="" type="radio"/>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> <input checked="" type="radio"/>		8. DATE OF BIRTH <u>October 2, 1891</u>	
9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 WEEK Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>		11. BIRTHPLACE (State or foreign country) <u>Johnson County, Mo.</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Robert S. Carlyle</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Ball</u>			14. NAME OF HUSBAND OR WIFE _____	
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Carlyle, Thompson, Mo.</u>		
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis with cavity formation</u>				MEDICAL CERTIFICATION	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>Chronic alcoholism</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>	
		MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) _____				_____	
		DUE TO (c) _____				_____	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. _____							
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) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>002X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>X</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>X</u>			
22. I hereby certify that I attended the deceased from <u>7-10</u> , 19 <u>51</u> , to <u>Aug 30</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Aug 30</u> , 19 <u>51</u> , and that death occurred at <u>1 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Jerry J. O'Brien</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Mexico, Missouri</u>		23c. DATE SIGNED <u>8-31-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 27, 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood</u>		24d. LOCATION (City, town, or county) (State) <u>Mexico, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 31, 1951</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl E. Chubb</u>		ADDRESS <u>Mexico, Mo.</u>	

Date Received: SEP 4 1951
DISTRICT HEALTH OFFICE #2
District File Number 9-57-1551
Date Filed: SEP 5 1951

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.....

Earl E. Prisk

Signed.....
Student Embalmer

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.