No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30975

BIRTH NO. _____ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 4389 Registrar's No. 25

760

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

1. PLACE OF DEATH
a. COUNTY: Osage
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Linn Mol
c. LENGTH OF STAY (in this place): 12 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Linn Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Osage
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Linn Mo 0760
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Mattie
b. (Middle): Virginia
c. (Last): Carwile

4. DATE OF DEATH (Month) (Day) (Year): Aug. 29-1951

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov. 29 -1878
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 9 Days 29 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mint Hill Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Hurst
13b. MOTHER'S MAIDEN NAME: Esther Coffelt
14. NAME OF HUSBAND OR WIFE: Adam Carwile

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: --------
17. INFORMANT'S SIGNATURE OR NAME: Adam Carwile Linn Mo — ADDRESS

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) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 72 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastatic Carcinoma of Spine, pelvis, lungs etc — 2 yrs.
DUE TO (c) Carcinoma of Breast — 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Radical Breast amputation Sept 1950

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 170 X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1950, *to* Aug, 1951, *that I last saw the deceased alive on* Aug 29, 1951, *and that death occurred at* 8 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Norman W. Baldwin D.O.
23b. ADDRESS: Linn
23c. DATE SIGNED: 8/31/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-1-51
24c. NAME OF CEMETERY OR CREMATORY: Lane Cemetery
24d. LOCATION (City, town, or county) (State): Linn Mo R.D.

DATE REC'D BY LOCAL REG.: Sept 5-1951
REGISTRAR'S SIGNATURE: Ea Dubouillet 235
25. FUNERAL DIRECTOR'S SIGNATURE: Clyde Morton — ADDRESS: Linn Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
SEP 10 1951
DISTRICT HEALTH OFFICE No. 4
File No. .....

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 Vernon M. Morlan

Licensed Embalmer No. 4125

P. O. Address Linn 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.