

FILED NOV 23 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38234**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 244 PRIMARY REG. DIST. NO. 5884 Registrar's No. 6

0730  
1

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

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Newton</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Diamond</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Diamond</u>	
c. LENGTH OF STAY (In this place) <u>46 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1930</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At his home.</u>			

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <u>Mark</u>	b. (Middle) <u>E.</u>	c. (Last) <u>CARRICK</u>	<u>Nov. 10, 1957</u>		

<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Aug. 9, 1873</u>	<b>9. AGE</b> (In years last birthday) <u>78</u>	<b>10. MONTHS</b> <u>2</u>	<b>11. DAYS</b> <u>1</u>	<b>12. HOURS</b> <u>1</u>	<b>13. MIN.</b> <u>1</u>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Mining Owner &amp; Operator</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Retired</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Jasper County, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
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<b>13a. FATHER'S NAME</b> <u>Clinton D. Carrick</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Catherine Edwards</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Daisy Miller Carrick</u>			
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Daisy Carrick</u>			
(If yes, give war or dates of service)				<b>ADDRESS</b> <u>Diamond, Mo.</u>			

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		ANTECEDENT CAUSES				<u>1 hour</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Hypertension</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b>	
						YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> <u>331X</u> (COUNTY) (STATE)			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			

22. I hereby certify that I attended the deceased from Nov. 10, 1957, to Nov 10, 1957, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 3:45P.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>R. J. Raleno</u> (Degree or title) <u>MO</u>		<b>23b. ADDRESS</b> <u>Mauby MO</u>		<b>23c. DATE SIGNED</b> <u>11.12.57</u>	
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<b>24a. BURIAL, CREMATION REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>11-14-57</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Diamond Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Diamond, Mo.</u>	
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<b>DATE REC'D BY LOCAL REG.</b> <u>Nov. 11-1957</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Mrs. Allie Parrall</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Ulmer Funeral Home</u>		<b>ADDRESS</b> <u>Carthage, Mo.</u>	
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**RECEIVED**

District Health Officer No. NEWTON COUNTY HEALTH UNIT

District File Number 1151-360

Date Filed November 19-1951

NEOSHO, MISSOURI

**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 Ray E. Rose

Licensed Embalmer No. 4779

P. O. Address Carthage, 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.