

FILED NOV 24 1951

STANDARD CERTIFICATE OF DEATH

State File No. **38814**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9789**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give OR TOWN **St. Louis** township) \_\_\_\_\_  
c. LENGTH OF STAY (in this place) **5 days**  
d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis Children's Hosp.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY **Stoddard**  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Bernie**  
d. STREET ADDRESS (If rural, give location) **1030**  
**1**

3. NAME OF DECEASED (Type or Print)  
a. (First) **MICKY** b. (Middle) **GENE** c. (Last) **CARLISLE**  
4. DATE OF DEATH (Month) (Day) (Year) **11 - 4 - 51**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **single** 8. DATE OF BIRTH **7-9-51** 9. AGE (In years last birthday) **3** IF UNDER 1 YEAR Months **3** Days **26** IF UNDER 12 HRS. Hours **26** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Nil** 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (State or foreign country) **MISSOURI** 12. CITIZEN OF WHAT COUNTRY? **AMERICAN**

13a. FATHER'S NAME **CHARLES CARLISLE** 13b. MOTHER'S MAIDEN NAME **PAULINE L. SUMNER** 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

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. **No** 17. INFORMANT'S SIGNATURE OR NAME **Pauline Carlisle - Bernie, 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, asthma, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Perforated duodenal ulcer** INTERVAL BETWEEN ONSET AND DEATH **2 days**  
ANTECEDENT CAUSES **Severe malnutrition, acidosis, dehydration, diarrhea** DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS **Severe malnutrition, acidosis, dehydration, diarrhea** Conditions contributing to the death but not related to the disease or condition causing death. **3 months**

19a. DATE OF OPERATION **11-4-51** 19b. MAJOR FINDINGS OF OPERATION **Perforated duodenal ulcer** 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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **5401**

22. I hereby certify that I attended the deceased from **Oct. 30, 1951**, to **Nov. 4, 1951**, that I last saw the deceased alive on **Nov. 4, 1951**, and that death occurred at **6:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Dr. L. Houston Mc** (Degree or title) 23b. ADDRESS **500 S. Kingshighway** 23c. DATE SIGNED **11-4-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **11-4-51** 24c. NAME OF CEMETERY OR CREMATORY \_\_\_\_\_ 24d. LOCATION (City, town, or county) (State) **Maldin, Missouri**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **NOV 5 1951** **J. Carl Smith, M.D., R.P.** 25. FUNERAL DIRECTOR'S SIGNATURE **Albert H. Hoppe** ADDRESS **4700 Washington**

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*John S. Penney*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4199

P. O. Address.....

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.