

FILED DEC 12 1951

STANDARD CERTIFICATE OF DEATH

40432

State File No.

BIRTH NO. REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6151 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Town Lavelle, Elk Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lavelle</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Lee</u> c. (Last) <u>Carson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18 1951</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 2 1876</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Middleton Tenn. /</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Robert Carson</u>		13b. MOTHER'S MAIDEN NAME <u>Isavilla Henderson</u>	
14. NAME OF HUSBAND OR WIFE <u>Nora Carson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	

17. INFORMANT'S SIGNATURE OR NAME <u>Joe B. Carson, 5350 Cedarwater Road</u>		ADDRESS <u>St. Louis, Mo.</u>	
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>hypertension & cardiac decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>old age</u>			
		DUE TO (c) <u>iles colitis</u>			
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 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?	

22. I hereby certify that I attended the deceased from Nov. 16, 1951, to Nov 18, 1951, that I last saw the deceased alive on Nov 17, 1951, and that death occurred at 4 9 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. George Husted M.D.</u>		(Degree or title)		23b. ADDRESS <u>Parma, Mo.</u>	
23c. DATE SIGNED <u>11/21/51</u>					

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Nov. 21 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Tripplett Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>NW of Essex Missouri</u>					

DATE REC'D BY LOCAL REG. <u>12-3-51</u>		REGISTRAR'S SIGNATURE <u>Nelma V. Jenkins</u>		409	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Samuel Swice</u>		ADDRESS <u>Parma, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

1030

RECEIVED

DEC 11 1951

DISTRICT HEALTH OFFICE No. 6

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed

Walter Marsh Watkins

Signed.....
Student Embalmer

Licensed Embalmer No.

4717

P. O. Address

Dexter, 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.