

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4679**

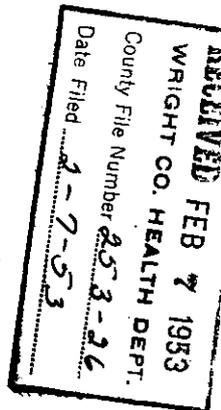
FILED FEB 9 1953

BIRTH NO. _____		REG. DIST. NO. 375		PRIMARY REG. DIST. NO. 6279		Registrar's No. 6	
1. PLACE OF DEATH a. COUNTY Wright				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Wright			
b. CITY OR TOWN Rural Gasconade		c. LENGTH OF STAY (in this place) 70 years		c. CITY (If outside corporate limits, write RURAL and give township) Rural Gasconade		OR TOWN 1140	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) 1 Mile South of Hartville MO.			
3. NAME OF DECEASED (Type or Print) a. (First) Herman			b. (Middle) Carlson			c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) JAN 27 1953		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	
8. DATE OF BIRTH AUG 26 1882		9. AGE (in years last birthday) 70		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Wright County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Gustaf Carlson		13b. MOTHER'S MAIDEN NAME Mary UNKNOWN		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME P.O. Carlson		ADDRESS Norwood MO.	
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) Influenza				INTERVAL BETWEEN ONSET AND DEATH 4 wks.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anemia				2 yrs.	
		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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 481x			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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 Jan 20, 1953 , to Jan 27, 1953 , that I last saw the deceased alive on Jan 27, 1953 , and that death occurred at 11:50pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. Worthy, M.D.				23b. ADDRESS Hartville Mo		23c. DATE SIGNED 1-29-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 30 1953		24c. NAME OF CEMETERY OR GREMATORY Thomas Cemetery		24d. LOCATION (City, town, or county) (State) Wright County MO.	
DATE REC'D BY LOCAL REG. 2-3-53		REGISTRAR'S SIGNATURE E. J. Garner		25. FUNERAL DIRECTOR'S SIGNATURE Gene E. Halden		ADDRESS Hartville Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

1140
1



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 Glenn D. Williams

Licensed Embalmer No. 4651

P. O. Address Hartsville, 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.