

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8770**

FILED MAR 16 1953

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 76		
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone				
b. CITY (If outside corporate limits, write RURAL and give town) Columbia		c. LENGTH OF STAY (In this place) 57 1/2 (In this place) 20 years		c. CITY (If outside corporate limits, write RURAL and give township) Columbia				
d. FULL NAME OF HOSPITAL OR INSTITUTION 1200 Grand Ave				d. STREET ADDRESS (If rural, give location) 1200 Grand Ave				
3. NAME OF DECEASED (Type or Print) a. (First) JOHN			b. (Middle) PAT		c. (Last) CARLIS		4. DATE OF DEATH (Month) (Day) (Year) March 8 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 22--1870		9. AGE (In years last birthday) 82 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) Shoe Factory		10b. KIND OF BUSINESS OR INDUSTRY Manufacture shoes		11. BIRTHPLACE (City and State or Foreign Country) Boone County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A		
13a. FATHER'S NAME Martin Carlis			13b. MOTHER'S MAIDEN NAME Margaret Chandley		14. NAME OF HUSBAND OR WIFE Effie P ayne			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Eugene Carlis ADDRESS 1200 Grand Ave Columbia 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) Cellulitis, perineal, scrotal and generalized ANTECEDENT CAUSES Neuronic conditions, if any, giving rise to the above illness including the underlying cause last - gangrene II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 10 days	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 617X					20. AUTOPSY? YES <input checked="" 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 2. 26. , 19 53 , to 3. 8. , 19 53 , that I last saw the deceased alive on 3. 7. , 19 53 and that death occurred at 3:45 m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Ames Atkins, M.D.				23b. ADDRESS Columbia		23c. DATE SIGNED 3.8.53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/10/1953		24c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery		24d. LOCATION (City, town, or county) (State) Columbia, Missouri		
DATE REC'D BY LOCAL REG. Mar. 10, 1953		REGISTRAR'S SIGNATURE Mrs. R. E. Palmer		25. FUNERAL DIRECTOR'S SIGNATURE Parson Funeral Service ADDRESS Columbia Mo.				

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed J. W. Phillips
Licensed Embalmer No. 4897
P. O. Address Columbia, 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.