S. No. 300
V. 10.48

0530
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22036

FILED JUN 17 1953 BIRTH NO. REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5631 Registrar's No. 91

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stoutland
c. LENGTH OF STAY (in this place): all her life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Town of Stoutland Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Laclede
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stoutland Mo 0530 0
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): CARRIE
b. (Middle):
c. (Last): CARLTON

4. DATE OF DEATH (Month) (Day) (Year): June 8 1953

5. SEX: F 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Dec 8 1886
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 6, Days 0 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Near Stoutland Mo 0
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Henry D Evans
13b. MOTHER'S MAIDEN NAME: Alice Miller
14. NAME OF HUSBAND OR WIFE: Dr C. E. Carlton.

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.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Dr C. E. Carlton Stoutland 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Sigmoid — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastasis to Liver
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: 153 x
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 25, 1952 *to* June 8, 1953 *that I last saw the deceased alive on* June 7, 1953, *and that death occurred at* 2:P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul A. Jenkins M.D.
23b. ADDRESS: Knight Bldg. Lebanon Mo
23c. DATE SIGNED: 6-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/10/53
24c. NAME OF CEMETERY OR CREMATORY: Stoutland Cemetery
24d. LOCATION (City, town, or county) (State): Stoutland, Mo.

DATE REC'D BY LOCAL REG.: 6-10-1953
REGISTRAR'S SIGNATURE: Nella L. Gray 424
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Virgil Evans Stoutland Mo

(Licensed Embalmer's Statement on Reverse Side)

Received JUN 1 3 1953
Laclede County Health Unit
File No. 6-53-96
Date Filed JUN 1 3 1953

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 Dorsey M. Howe
Licensed Embalmer No. 4222
P. O. Address Lebanon, 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.