

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 31 1953

BIRTH NO.		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>5969</u>		Registrar's No. <u>93</u>	
1. PLACE OF DEATH a. COUNTY <u>Tolk</u>				2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Tolk</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dunnegan</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dunnegan</u>		<u>0840</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North part of Dunnegan</u>				d. STREET ADDRESS (If rural, give location) <u>North Part of Dunnegan</u>			
3. NAME OF DECEASED a. (First) <u>Edward</u> b. (Middle) <u>Jackson</u> c. (Last) <u>Carnel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 9 1953</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Whi</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Sept 27 1875</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>13</u>	IF UNDER 12 Hrs. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State; Foreign Country) <u>Dunnegan, Tolk, Mo, USA</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Elijah Carnel</u>		13b. MOTHER'S MAIDEN NAME <u>Maline</u>		14. NAME OF HUSBAND OR WIFE <u>Fred Carnel</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fred Carnel</u> ADDRESS <u>Dunnegan, Mo</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bladder Infection (Prostatic Inf)</u> ANTECEDENT CAUSES DUE TO (b) <u>Transurethral Hypertrophied Prostate</u> DUE TO (c) <u>Hypertrophied Prostate</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		<u>610 X</u>		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)			
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 <u>April</u> , 1953, to <u>June 9</u> , 1953, that I last saw the deceased alive on <u>June 9</u> , 1953, and that death occurred at <u>3:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R.S. Saunders</u> (Degree or title)				23b. ADDRESS <u>D.O. Fair Play Club</u>		23c. DATE SIGNED <u>6/13/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>June 14 / 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dunnegan Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dunnegan, Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 25 - 1953</u>		REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Erwin & Blue</u>		ADDRESS <u>Ballwin, Mo</u>	

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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 *Willard D. Erwin*

Licensed Embalmer No. *3092*

P. O. Address *Bellvue, 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.