

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27759**
874

FILED AUG 17 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Holt</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>5 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Craig</u>		d. STREET ADDRESS (If rural, give location) <u>0440</u> <u>1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Simm</u> c. (Last) <u>Carlton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 7, 1953</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 27, 1874</u>	9. AGE (In years last birthday) <u>79</u>	10. MONTHS <u>79</u>	11. DAYS <u>79</u>	12. HOURS <u>79</u>	13. MINUTES <u>79</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Retired laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cole County, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>John Carlton</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Ida Carlton</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>Lost</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Russell Carlton - Craig, Mo.</u>		ADDRESS <u>—</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u>				<u>13 years</u>	
		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"/>	
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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) <u>4201</u>	
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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?		
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22. I hereby certify that I attended the deceased from July 1953 to Aug 7, 1953 that I last saw the deceased alive on Aug 7, 1953 and that death occurred at 10:30 p.m. from the causes and on the date stated above.

23a. SIGNATURE <u>Robert M. Conner M.D.</u>		23b. ADDRESS <u>—</u>		23c. DATE SIGNED <u>8/8/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial & removal</u>		24b. DATE <u>8/10/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>S.O.O.F.</u>		24d. LOCATION (City, town, or county) (State) <u>Craig, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Aug 11, 1953</u>		REGISTRAR'S SIGNATURE <u>Kather M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilber L. Scholer - Craig, Mo.</u>		ADDRESS <u>—</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

Myself

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____

Wilber L. Schooner

Licensed Embalmer No. *3997*

P. O. Address *Craig, 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.