

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27762**

FILED AUG 31 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 915

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Buchanan</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>  |  |
| c. LENGTH OF STAY (in this place) <u>55 years</u>  |  | d. STREET ADDRESS (If rural, give location) <u>1506 S. 22nd St.</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Josephs Hospital</u>                            |  |   |  |

|                                     |                           |                           |                         |  |
|-------------------------------------|---------------------------|---------------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Patrick</u> | b. (Middle) <u>Partan</u> | c. (Last) <u>Carver</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>August 22, 1953</u> |
|-------------------------------------|---------------------------|---------------------------|-------------------------|--|

|                    |                               |   |   |   |                               |                              |
|--------------------|-------------------------------|---|---|---|-------------------------------|------------------------------|
| 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>November 10, 1878</u> | 9. AGE (In years last birthday) <u>74</u> | IF UNDER 1 YEAR<br>Month Days | IF UNDER 4 HRS.<br>Hour Min. |
|--------------------|-------------------------------|---|---|---|-------------------------------|------------------------------|

|  |  |  |   |
|--|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. Superintendent</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Swift &amp; Co.</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln County, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|--|--|--|---|

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|--|---|--|
| 13a. FATHER'S NAME <u>Thomas Jasper Carver</u> | 13b. MOTHER'S MAIDEN NAME <u>Melissa Oliver</u> | 14. NAME OF HUSBAND OR WIFE <u>Mamie</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>487-09-0187</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. P. Carver</u> | ADDRESS <u>1506 S. 22nd St. Joseph, Mo.</u> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma toxi</u>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>?</u> |
|   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Primary source, not known - prostate perhaps</u> |  |  |
|   | DUE TO (c) _____   |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |  |

|                              |   |  |
|------------------------------|---|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>Autopsy refused</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) <u>177X</u> |
|--|--|---|

|  |  |                                  |
|--|--|----------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____ | 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 Aug 16, 1953, to Aug 22, 1953, that I last saw the deceased alive on Aug 21, 1953, and that death occurred at 2:15 a.m., from the causes and on the date stated above.

|                                   |                         |                                     |                                 |
|-----------------------------------|-------------------------|-------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>[Signature]</u> | (Degree or title) _____ | 23b. ADDRESS <u>St. Joseph, Mo.</u> | 23c. DATE SIGNED <u>8-22-53</u> |
|-----------------------------------|-------------------------|-------------------------------------|---------------------------------|

|   |                            |  |   |
|---|----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>8/24/1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u> |
|---|----------------------------|--|---|

|  |  |   |                             |
|--|--|---|-----------------------------|
| DATE REC'D BY LOCAL REG. <u>Aug 27, 1953</u> | REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Newton Bowman</u> | ADDRESS <u>Funeral Home</u> |
|--|--|---|-----------------------------|

(Licensed Embalmer's Statement on Reverse Side)

St Joseph, Mo.

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 W E Johnston

Licensed Embalmer No. 4791

P. O. Address 319 So 10 St Joplin

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.