

## STANDARD CERTIFICATE OF DEATH

State File No. **38674**
 FILED NOV 17 1953  
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 105 PRIMARY REG. DIST. NO. 5419 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural - Freeborn Twp.</u>		c. LENGTH OF STAY (in this place) township) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Freeborn Twp.</u>		0350	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home - Clarkton, Rte. 1</u>				d. STREET ADDRESS (If rural, give location) <u>Clarkton, Mo. Rte. 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>			b. (Middle) <u>CALEB</u>		c. (Last) <u>CARMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 5 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>Nov. 21, 1872</u>	
9. AGE (In years last birthday) <u>80</u>		10. MONTHS <u>11</u>		11. DAYS <u>14</u>		12. HOURS & MIN. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Clarkton, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Hosea Carman</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Scobey</u>			14. NAME OF HUSBAND OR WIFE <u>Dora Belle Carman</u>	
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dora Belle Carman, Clarkton, Mo. R. 1</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u> INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>794 X</u>				20. AUTOPSY? YES <input 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) (Minute)		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>Aug., 1953</u> , to <u>Nov. 9, 1953</u> that I last saw the deceased alive on <u>Nov. 2, 1953</u> , and that death occurred at <u>5 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dyron L. Franklin</u> (Degree or title)				23b. ADDRESS <u>Campbell No. 11-10-53</u>		23c. DATE SIGNED <u>11-10-53</u>	
24a. BURIAL OR CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 9, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Gilead Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clarkton, Mo. Rte. 1</u>	
DATE REC'D BY LOCAL REG. <u>11-12-53</u>		REGISTRAR'S SIGNATURE <u>Marquette George</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home, Campbell, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..... 11-16-53  
COUNTY FILE NUMBER 1153-28

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.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed.....  
*Christina M. Lander*

Licensed Embalmer No. 4227

P. O. Address.....  
*Campbell, 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.