

S. No. 300
V. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41678**
Registrar's No. **15**

FILED DEC 21 1954

REG. DIST. NO. **200**

PRIMARY REG. DIST. NO. **5725**

3610
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Macon County, Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Cook	
b. CITY (If outside corporate limits, write RURAL and give township) Hudson Twp., Macon, Mo		c. LENGTH OF STAY (in this place) 20 yrs	
c. CITY (If outside corporate limits, write RURAL and give township) Chicago		d. STREET ADDRESS (If rural, give location) UNKNOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION Still-Hildreth Sanatorium			
3. NAME OF DECEASED (Type or Print) William Thomas Carnahan		4. DATE OF DEATH Nov. 29 1954	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) not married		8. DATE OF BIRTH February 4, 1899	
9. AGE (In years last birthday) 55		10. MONTHS 9 DAYS 25 HOURS 1 MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unemployed		10b. KIND OF BUSINESS OR INDUSTRY —	
11. BIRTHPLACE (City and State or Foreign Country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James W. Carnahan		13b. MOTHER'S MAIDEN NAME Mary Williams	
14. NAME OF HUSBAND OR WIFE Single			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Hospital record given by W.C. McNeely		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute circulatory failure	
		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) Coronary thrombosis with myocardial infarction	
		DUE TO (c) Arteriosclerosis	
		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 4201	
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)		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 4/15/1935 , to 11/29 , 1954, that I last saw the deceased alive on 11/28 , 1954, and that death occurred at 7 a. m., from the causes and on the date stated above.			
23a. SIGNATURE Eldon A. Moreau, D.O.		23b. ADDRESS Macon, Missouri	
23c. DATE SIGNED 11/29/54			
24a. BURLIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 2, 1954	
24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) London, Kentucky	
DATE REC'D BY LOCAL REG. 12/1/54		REGISTRAR'S SIGNATURE W.C. McNeely	
25. FUNERAL DIRECTOR'S SIGNATURE Leslie Hutton		ADDRESS Macon, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12.16.54
MACON COUNTY HEALTH DEPARTMENT
County File No. 12.54.194
Date Filed 12.17.54

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 Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon 8200

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.