

No. 300  
10.48

FILED FEB 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43210

State File No. \_\_\_\_\_

BIRTH NO. 90025-54 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 20

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

1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>PUTNAM</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>KIRKSVILLE</u>		c. CITY OR TOWN <u>RURAL</u>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>MO860</u>
c. LENGTH OF STAY (If in this place) <u>2 d</u>		e. STREET ADDRESS (If rural, give location) <u>GREEN CITY, MO. RD. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KO Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>PAUL</u> b. (Middle) <u>ANTHONY</u> c. (Last) <u>CARMON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 28 1954</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>8</u>	8. DATE OF BIRTH <u>NOV 23, 1954</u>	9. AGE (In years last birthday) <u>—</u>	10. IF UNDER 1 YEAR Months <u>—</u> Days <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Putnam Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>					

13a. FATHER'S NAME <u>JOHN CARMON</u>		13b. MOTHER'S MAIDEN NAME <u>MABLE HOPKINS</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u>		16. SOCIAL SECURITY NO. <u>40</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JOHN CARMON - GREENCASTLE MO</u>	
(If yes, give war or dates of service) <u>—</u>				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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Overwhelming toxemia</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>1 day</u>  <u>15 to 20</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bowel Obstruction</u> DUE TO (c) <u>Congenital Atresia of Jejunum</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>11-27-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Complete atresia of Jejunum &amp; massive distention of proximal intestine</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>		21b. PLACE OF INJURY (If in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>—</u>	

22. I hereby certify that I attended the deceased from 11-27-54 1954, to 11-28-54 1954, that I last saw the deceased alive on 11-28-54 1954, and that death occurred at 6:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. B. Palmer</u>		23b. ADDRESS <u>100 W. Jefferson</u>		23c. DATE SIGNED <u>1-24-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>NOV 29 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HARTFORD CEM</u>	
		24d. LOCATION (City, town, or county) (State) <u>PUTNAM CO, MO.</u>			

DATE REC'D BY LOCAL REG. <u>1-24-55</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. HUSTON</u>	
				ADDRESS <u>UNIONVILLE MO</u>	

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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.....  
Signature of Student Embalmer

Signed..... *Murl E. Husted*

Licensed Embalmer No. *330*

P. O. Address *Unusually*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.