

FILED FEB 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **382**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis City</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fulton, Mo.</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>15y-8mo</b>		• STREET ADDRESS (If rural, give location) <b>2219 3215 A Lucas Avenue</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital #1, Fulton, Mo.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Agnes</b> b. (Middle) <b>CARNES</b> c. (Last) <b>CARNES</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 22, 1955</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negress</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>July 26, 1923</b>	9. AGE (In years last birthday) <b>31</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>26</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Guthrie, Oklahoma</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>William Hathaway Carnes</b>	13b. MOTHER'S MAIDEN NAME <b>Lucy Brown</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Records of State Hospital #1, Fulton, Mo.</b>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncho-Pneumonia, Acute Bilateral Pyelitis.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
	ANTECEDENT CAUSES Morbidity 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. <b>Epileptic Deterioration</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>6000</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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 **9-17-**, 19**53**, to **1-21-**, 19**55**, that I last saw the deceased alive on **Jan. 21,**, 19**55**, and that death occurred at **6:50 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Frank J. Nichols, M.D.</b> (Degree or title)	23b. ADDRESS <b>State Hospital #1, Fulton, Mo.</b>	23c. DATE SIGNED <b>1-22-55.</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>1-23-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Louis City MO</b>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <b>Jan. 23-1955</b>	REGISTRAR'S SIGNATURE <b>Martha Lawrence</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>A.F. WALTON</b>	ADDRESS <b>2707 STODDARD ST St. Louis Mo</b>
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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.....  
Signature of Student Embalmer

Signed *W. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *4575 Al  
St. Louis*

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.