

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12913

State File No.

FILED APR 27 1955

BIRTH NO.		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4427</u>		Registrar's No. <u>49</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski.</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville, Missouri</u> c. LENGTH OF STAY (in this place) <u>14 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville General.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski.</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crocker, Missouri.</u> d. STREET ADDRESS (If rural, give location) <u>Rural Rt. 1.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willis</u> b. (Middle) <u>Henry.</u> c. (Last) <u>Carver.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-- 19--55</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White.</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed.</u>		8. DATE OF BIRTH <u>Sept. 29/1871</u>		9. AGE (In years last birthday) <u>84</u>		10. UNDER 1 YEAR Months <u>9</u> Days <u>20</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Audrain, County.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Carver.</u>		13b. MOTHER'S MAIDEN NAME <u>Molley Young.</u>	
14. NAME OF HUSBAND OR WIFE <u>Minerva Wheeler.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Scott. Carver. Douglas,</u>	
ADDRESS <u>Wyoming.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Bronchial</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prostatic hypertrophy</u> DUE TO (c) <u>Prostatic hypertrophy</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>20 days</u>	
19a. DATE OF OPERATION <u>Apr. 1, 1955</u>		19b. MAJOR FINDINGS OF OPERATION <u>enlarged prostate</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		610 X	
21a. ACCIDENT SUICIDE HOMICIDE <u>220</u>		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 <input type="checkbox"/> 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>Mar. 26, 1955</u> , to <u>Apr. 19, 1955</u> , that I last saw the deceased alive on <u>Apr. 19, 1955</u> , and that death occurred at <u>3:05 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. M. Little</u>		(Degree or title) <u>MD.</u>		23b. ADDRESS <u>Crocker, Missouri.</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/20/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Crocker, Mo Rural. 4-20-55</u>	
DATE REC'D BY LOCAL REG. <u>4-20-55</u>		REGISTRAR'S SIGNATURE <u>Charles E. Anderson</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>Hodges Funeral Home</u>		ADDRESS <u>Crocker, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
4-20-55
Pulaski County Health Officer
File Number
Date Filed

4-23-55

APR 23 1955

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 *Clarence E. Grosse*

Licensed Embalmer No. *4896*

P. O. Address *Waynesville, N.C.*

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.