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FILED JUN 23 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19326

| | | | | | | | | | | | |
|---|--|--|--|--|---|---|--|--|---------|------------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. 181 | | PRIMARY REG. DIST. NO. 5675 | | Registrar's No. 21 | | | | | |
| 1. PLACE OF DEATH a. COUNTY Lincoln | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Stoddard | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hurricane Twp | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN Dexter | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION In Field on Farm | | | | STREET ADDRESS (If rural, give location) Unknown | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Francis | | | b. (Middle) T. J. | | c. (Last) Carlson | | 4. DATE OF DEATH (Month) (Day) (Year) May 13, 1955 | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH July 15, 1917 | | 9. AGE (In years) (last birthday) 37 | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Airplane Pilot | | | 10b. KIND OF BUSINESS OR INDUSTRY USAF | | 11. BIRTHPLACE (City and State or Foreign Country) Minneapolis, Minnesota | | | 12. CITIZEN OF WHAT COUNTRY? USA | | | |
| 13a. FATHER'S NAME Carl John Carlson | | | 13b. MOTHER'S MAIDEN NAME ? Ringinelski | | | 14. NAME OF HUSBAND OR WIFE Irene M. Carlson | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) Not Available 470-18-8016 | | 17. INFORMANT'S SIGNATURE OR NAME Mrs Irene Carlson, Dexter, Mo. | | | | 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction Thrombosis, Posterior Desc. Branch, Right Coronary Artery. ANTECEDENT CAUSES (Cause of death Per autopsy report from 3310 USAF Hospital, Scott Field Ill. Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. Photostatic copy of report on file at Troy, Missouri Lincoln Co. DUE TO (b) Hospital, Scott Field Ill. DUE TO (c) Troy, Missouri Lincoln Co. | | | | | | INTERVAL BETWEEN ONSET AND DEATH ? | |
| 19a. DATE OF OPERATION | | | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" 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) (Min) | | 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 XX XXXXXX XXXXX 40x, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) Joseph Marsh CORONER 3 | | | | 23b. ADDRESS #51 Monroe, Troy, Missouri | | | | 23c. DATE SIGNED 6/14/55 | | | |
| 24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial | | 24b. DATE 5/20/55 | | 24c. NAME OF CEMETERY OR CREMATORY Ft. Snelling National | | 24d. LOCATION (City, town, or county) (State) Minneapolis Minn. | | | | | |
| DATE REC'D BY LOCAL REG. 6/22/55 | | REGISTRAR'S SIGNATURE Mrs. Clarence Kintz | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MCKINAW McDivitt Funeral Home | | Minneapolis Minn. | | | | |

WRITE PLAINLY—USING UNEADING 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.. Remains turned over to Army, Embalmer Unknown
Body was transported from here by army ambulance

Student.....
Signature of Student Embalmer

Signed.....
Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, Miss.

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.