

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25148**

BIRTH NO. _____ REG. DIST. NO. **378** PRIMARY REG. DIST. NO. **6285** Registrar's No. **38**

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give OR township) Rural Mountain Grove, Mo		c. CITY OR TOWN Mountain Grove	d. Is Residence within limits of a city or incorporated town? No
c. LENGTH OF STAY (in this place) Lifetime		e. STREET ADDRESS (If rural, give location) Mtn. Grove Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION home			

3. NAME OF DECEASED (Type or Print)	a. (First) Della	b. (Middle) V.	c. (Last) Carlson	4. DATE OF DEATH (Month) (Day) (Year) July 4, 1955
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Aug. 6, 1891	9. AGE (In years last birthday) 73	IF OVER 1 YEAR Months 10 Days 28	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and State or Foreign Country) Cuba, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME William A. Gasperson	13b. MOTHER'S MAIDEN NAME Elizabeth Sorrels	14. NAME OF HUSBAND OR WIFE Pete O. Carlson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No.	16. SOCIAL SECURITY NO. No.	17. INFORMANT'S SIGNATURE OR NAME Pete O. Carlson	ADDRESS Mtn. Grove, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolus		7-4-55
	ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Thrombophlebitis Acute Hypertension Arteriosclerosis Coronary Arteriosclerosis DUE TO (b) 4201		6-28-55
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from **6-28**, 19**55**, to **7-4**, 19**55**, that I last saw the deceased alive on **7-4**, 19**55**, and that death occurred at **8 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) Dr. J. H. McCurtain	23b. ADDRESS Mountain Grove, Mo.	23c. DATE SIGNED 7-9-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE July 7, 1955	24c. NAME OF CEMETERY OR CREMATORY Lone Star Cemetery	24d. LOCATION (City, town, or county) (State) Mtn. Grove, Mo.
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DATE REC'D BY LOCAL REG. 7-18-55	REGISTRAR'S SIGNATURE A.B. Ames	REG. NO. 3480	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Mtn. Grove, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

WRIGHT CO. HEALTH DEPT.
County File Number 755-84
Date Filed 3-0-1955

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.....
Signature of Student Embalmer

Signed..... *R. W. Barber*

Licensed Embalmer No. 38

P. O. Address..... *Wright Co.*

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.