

FILED NOV 30 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **37373**

BIRTH NO. _____		REG. DIST. NO. <b>13</b>		PRIMARY REG. DIST. NO. <b>3003</b>		Registrar's No. <b>2</b>			
1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>					
b. CITY OR TOWN <b>Monett</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>Monett</b>		255/			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Robinson Rest Home.</b>				d. STREET ADDRESS (If rural, give location) <b>425 W. Wishart</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b> b. (Middle) <b>R.</b> c. (Last) <b>Carlson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 15 - 1955</b>						
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Aug. 7 - 1877</b>			
9. AGE (In years last birthday) <b>78</b>		IF UNDER 1 YEAR Months <b>3</b> Days <b>9</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Sweden</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Carl Johnson</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Ida May - (deceased)</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> <b>Spanish American</b>			16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Clifford Carlson, Monett Mo.</b>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 hrs</b>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>				5 yrs	
				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death, but not related to the disease or condition causing death.				<b>332x</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 <b>1-18-52</b> , 19____, to <b>11/15/55</b> , 19____, that I last saw the deceased alive on <b>11-14-55</b> , 19____, and that death occurred at <b>4 A</b> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>Robert Kern MD</b> (Degree or title)				23b. ADDRESS <b>Monett Mo</b>		23c. DATE SIGNED <b>11-18-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 17 - 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Spring River Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>South of Verona Mo.</b>			
DATE REC'D BY LOCAL REG. <b>11-18-55</b>		REGISTRAR'S SIGNATURE <b>Mrs. P. B. Cook</b> 513		25. FUNERAL DIRECTOR'S SIGNATURE <b>Bennett-Warrington</b>		ADDRESS <b>Monett Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 1155-361

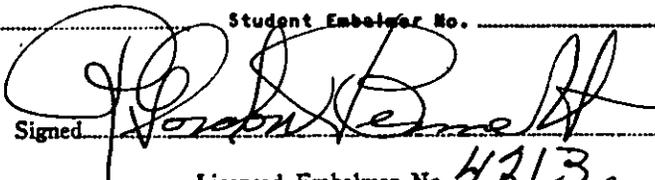
DATE REC. 11-28-55

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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed  \_\_\_\_\_  
Student Embalmer No. \_\_\_\_\_

Licensed Embalmer No. 4213

P. O. Address Monett, Mo

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.