

FILED NOV 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37394

BIRTH NO. _____		REG. DIST. NO. 178		PRIMARY REG. DIST. NO. 4281		Registrar's No. 85		
1. PLACE OF DEATH a. COUNTY Lewis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lewis				
b. CITY (If outside corporate limits, write RURAL and give town) Rural OR TOWN Canton		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN Rural		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION At home				e. STREET ADDRESS (If rural, give location) Canton, Rural, Missouri 2560				
3. NAME OF DECEASED (Type or Print) a. (First) Howard		b. (Middle) McNeill		c. (Last) Carskadon		4. DATE OF DEATH (Month) (Day) (Year) Nov. 14, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 21, 1921		9. AGE (In years last birthday) 34	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Lewis County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Robert P. Carskadon			13b. MOTHER'S MAIDEN NAME Tida Horn		14. NAME OF HUSBAND OR WIFE Mildred Cantrell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mildred Carskadon, Canton, Mo.				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lympho Sarcoma				INTERVAL BETWEEN ONSET AND DEATH 1 year
				ANTECEDENT CAUSES Morbid 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. 2001				
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) (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 Nov 18, 1954 to Nov 14, 1955, that I last saw the deceased alive on Nov 10, 1955 and that death occurred at 3 P.M. from the causes and on the date stated above.								
23a. SIGNATURE (Name or title) H. W. Jennings, M.D.				23b. ADDRESS Canton Mo		23c. DATE SIGNED Nov 15-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 16, 1955	24c. NAME OF CEMETERY OR CREMATORY Bluff Springs Ceme.		24d. LOCATION (City, town, or county) (State) Clark County, Missouri			
DATE REC'D BY LOCAL REG. 11-17-55		REGISTRAR'S SIGNATURE P. W. Jennings, M.D. 161-0		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carl H. Bankley Canton Mo.				

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

OCT 18 1956

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, *Earl H. Buckley*.....

Licensed Embalmer No. *261*
P. O. Address *Canton*.....

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.