

FILED JAN 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **40364**

BIRTH NO. _____		REG. DIST. NO. <u>142</u>		PRIMARY REG. DIST. NO. <u>4221</u>		Registrar's No. <u>54</u>	
1. PLACE OF DEATH a. COUNTY <u>Hawaii</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Hawaii</u>			
b. CITY OR TOWN <u>Mt. View</u>		c. LENGTH OF STAY (in this place) <u>24 hrs</u>		c. CITY OR TOWN <u>Mt. View</u>		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 _____				e. STREET ADDRESS (If rural, give location) <u>0460</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ADDIE</u>		b. (Middle) <u>GRACE</u>		c. (Last) <u>CARLSTEAD</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec-22-1966</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	
8. DATE OF BIRTH <u>APRIL-1-1873</u>		9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>22</u>		IF UNDER 4 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>ALTON-MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Calvin L. Waggoner</u>		13b. MOTHER'S MAIDEN NAME <u>Mary B. Brigham</u>		14. NAME OF HUSBAND OR WIFE <u>W-W-CARLSTEAD</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Maudie Reck</u>		ADDRESS <u>MTN-VIEW-MO</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Encephalitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Blood Stream Infection</u> DUE TO (c) <u>Don't know</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>0534</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 Days</u> <u>6 Days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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) _____		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 <u>Dec-20, 1966</u> , to <u>Dec-22, 1966</u> , that I last saw the deceased alive on <u>Dec-22, 1966</u> , and that death occurred at <u>7:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R.L. Hession</u>				23b. ADDRESS <u>Mountain View MO</u>		23c. DATE SIGNED <u>12-23-66</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Dec-24-66</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Mountain View MO</u>	
DATE REC'D BY LOCAL REG. <u>12/28-66</u>		REGISTRAR'S SIGNATURE <u>Deena Hatcher</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Duncan</u> ADDRESS <u>MT-VIEW-MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

300

48

WRITE PLAINLY—USING UNFADING 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..

Student.....
Signature of Student Embalmer

Signed.....
Joe R. Remick

Licensed Embalmer No. *430*

P. O. Address *Mt. Vernon*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.