

FILED APR 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14400

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 142

1. PLACE OF DEATH a. COUNTY <b>ST. FRANCOIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. FRANCOIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL ST. FRANCOIS</b>		c. CITY OR TOWN <b>FLAT RIVER</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>7 DAYS</b>		e. STREET ADDRESS (If rural, give location) <b>408 CRANE</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>MINERAL AREA OSTEO. HOSP.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>FRED</b>	b. (Middle)	c. (Last) <b>CARSON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 11 1956</b>
---	-------------	-------------------------	---

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JAN. 9, 1901</b>	9. AGE (In years last birthday) <b>55</b>	If UNDER 1 YEAR Months <b>3</b> Days <b>2</b>	If UNDER 4 HRS. Hours <b></b> Mins. <b></b>
--------------------	-------------------------------	---	--------------------------------------	---	---	---

10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) <b>SUPERVISOR</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>MO. NATURAL GAS</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>PACIFIC MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	--	--	--

13a. FATHER'S NAME <b>Mr. Joe Carson</b>	13b. MOTHER'S MAIDEN NAME <b>Alice Swain</b>	14. NAME OF HUSBAND OR WIFE <b>MABLE CARSON</b>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>493-05-2308</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mabel Mearns Carson</b>	ADDRESS <b>408 Crane Flat River 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 min.</b>
	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. <b>Early cardiac failure</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Septic ulcer of Duodenum</b>	5410	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)	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 3/4, 1956, to 3/11, 1956, that I last saw the deceased alive on 3/11/56, 1956, and that death occurred at 4:00 pm., from the causes and on the date stated above.

23a. SIGNATURE <b>Paul J. Han</b>	(Degree or title)	23b. ADDRESS <b>Farmington Mo</b>	23c. DATE SIGNED <b>4/15/56</b>
-----------------------------------	-------------------	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Francois Memorial</b>	24d. LOCATION (City, town, or county) (State) <b>Bonne Terre Mo.</b>
---	-----------------------	---	--

DATE REC'D BY LOCAL REG. <b>APR 14 1956</b>	REGISTRAR'S SIGNATURE <b>Ethel Riddold</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Alvin Hood</b>	ADDRESS <b>303 Crane Flat River</b>
---	--	--	-------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

89

APR 27 1958

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 *Abner Hood*

Licensed Embalmer No. 2780  
Flat River, Mo.  
P. O. Address 303 Crane

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.