

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27281**

FILED SEP 7 1956

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4240 Registrar's No. 142

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Oklahoma b. COUNTY Miami	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blue Springs		c. CITY OR TOWN Picher	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) 6 Days		e. STREET ADDRESS (If rural, give location) City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1705 West Summit			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Della	b. (Middle) Therisa	c. (Last) Carnal	(Month) Aug	(Day) 16	(Year) 1956
5. SEX Fm	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec 23 1879	9. AGE (In years last birthday) 78	10. <input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> UNDER 2 YEARS <input type="checkbox"/> UNDER 3 YEARS <input type="checkbox"/> UNDER 4 YEARS <input type="checkbox"/> UNDER 5 YEARS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired House Keeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Kansas	
12. CITIZEN OF WHAT COUNTRY? usa					

13a. FATHER'S NAME John Large	13b. MOTHER'S MAIDEN NAME Mary Davidson	14. NAME OF HUSBAND OR WIFE Deceased
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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. 446 07 3701	17. INFORMANT'S SIGNATURE OR NAME Richard Carnal	ADDRESS Blue Springs Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	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 <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

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) m.	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 8-16, 1956, to 8-16, 1956 that I last saw the deceased alive on 8-16, 1956, and that death occurred at 9:30 P m., from the causes and on the date stated above.

23a. SIGNATURE Joe E. Avery (Degree or title) D.O.	23b. ADDRESS Blue Springs, Mo.	23c. DATE SIGNED 8-17-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug 18 1956	24c. NAME OF CEMETERY OR CREMATORY Miama Cem	24d. LOCATION (City, town, or county) (State) Miama Oklahoma
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DATE REC'D BY LOCAL REG. 8-16-1956	REGISTRAR'S SIGNATURE N. G. Langford	25. FUNERAL DIRECTOR'S SIGNATURE Walt Funeral Home	ADDRESS Blue Springs Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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(Licensed Embalmer's Statement on Reverse Side)

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..... *RBW*

Licensed Embalmer No. *235*

P. O. Address *Blue Spring*

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.