

FILED DEC 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42360**

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

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>29</u>			
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>Sedalia</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 <u>Bothwell Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Hotel Terry</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>H.</u>		c. (Last) <u>CARL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 7 1956</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>March 7 1893</u>			
9. AGE (In years last birthday) <u>73</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Real Estate</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sedalia Mo</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Henry Carl</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Moellmann</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>491-36-9028</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Melvin H. Carl</u>		ADDRESS <u>Sedalia</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>Terminal Pneumonia.</u> 36 hours.				INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES Cerebral Hemorrhage (3rd) with Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____				DUE TO (c) <u>Right Hemiplegia.</u> Nov. 26th, 1956.				_____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio- Sclerosis. Advanced 2 yrs.</u>				_____				_____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>None. Medical care only.</u>		20. AUTOPSY? <u>331.X</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		_____			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>		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) <u>None.</u>		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>over 20 yrs</u> , to <u>Dec. 7th, 1956</u> that I last saw the deceased alive on <u>Dec. 7th, 1956</u> and that death occurred at <u>5.20 P.M.</u> from the causes and on the date stated above.									
23a. SIGNATURE <u>Jno. B. Carlisle, M.D.</u> (Degree or title) (C)				23b. ADDRESS <u>Sedalia, Missouri, I2-10-56.</u>		23c. DATE SIGNED _____			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-10-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>			
DATE REC'D BY LOCAL REG. <u>12-10-56</u>		REGISTRAR'S SIGNATURE <u>Luvinia Coetz Opuly</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M^cLaughlin Bros</u>		ADDRESS <u>Sedalia</u>			

(Licensed Embalmer's Statement on Reverse Side)

JAN 15 1957

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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 *James R. Asbren*

Licensed Embalmer No. *4932*

P. O. Address *Sedalia, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.