

Health, Welfare, Public Service

300 7-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms written be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED DEC 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42823

318

1003

STATE FILE NUMBER

Registrar's 11206

Registration District No. Primary Registration District No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE TEXAS b. COUN MONTAGUE	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN 915 N. GRAND. ST. LOUIS MO <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN BOWIE 8420 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOS PITAL Length of stay in lb 29DAYS		d. STREET ADDRESS (If outside, give location) 104 SANDERS Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) FRED CARVER First Middle Last			4. DATE OF DEATH DECEMBER 6, 1956 Month Day Year		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-15-95	9. AGE (In years last birthday) 61 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days 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 country) EASTLAND TEXAS	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME EM Maurice Carver			14. MOTHER'S MAIDEN NAME Nellie Yarber		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW 1		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address MISSOURI IS VA. HOS PITAL RECORDS. 915 N. GRAND. ST. LOU		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY TUBERCULOSIS FAR ADVANCED AND SEVERE DUE TO (b) CORONARY ARTERY SCLEROSIS DUE TO (c) 002x Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) POST OPERATIVE LEFT PNEUMONECTOMY AND THORACOPLASTY.		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		20g. COUNTY STATE
21. VA attended the deceased from 11-8-56 to 12-6-56 and last saw him ^{him} alive on 12-6-56 Death occurred at 3:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Name and title) Alvin S. Wenneker		22b. ADDRESS M. D. VAH. 915 N. GRAND. ST. LOUIS MO		22c. DATE SIGNED 12-6-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12/7/56	23c. NAME OF CEMETERY OR CREMATORY Bowie, Texas		23d. LOCATION (City, town, or county) (State) Bowie, Texas
24. FUNERAL DIRECTOR ADDRESS Edward Fendler 5611 South Grand Blvd.		25. DATE RECD. BY LOCAL REG. DEC 7 1956		26. REGISTRAR'S SIGNATURE Carl Smith M.D.	

(Licensed Embalmer's Statement on Reverse Side)

MSB.

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 *Harry J. Schumera*
Licensed Embalmer No. *76*

P. O. Address *5611 S. 1*

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