

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44637**

FILED JAN 16 1957

BIRTH NO. _____ REG. DIST. NO. **44** PRIMARY REG. DIST. NO. **4061** Registrar's No. **1**

0130

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

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) Braymer,	c. LENGTH OF STAY (In this place) 1 1/2 yrs	c. CITY (If outside corporate limits, write RURAL and give township) Braymer Community	
d. FULL NAME OF HOSPITAL OR INSTITUTION R F D		d. STREET ADDRESS (If rural, give location) Davis Twn.	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Horatio c. (Last) CARMAN			4. DATE OF DEATH (Month) (Day) (Year) Dec. 31, 1956		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 19, 1858	9. AGE (In years last birthday) 88 yrs	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Braymer, Mo		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Henry Carman	13b. MOTHER'S MAIDEN NAME Mary Ann Holder	14. NAME OF HUSBAND OR WIFE Eva Carman
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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. none	17. INFORMANT'S SIGNATURE OR NAME Mrs Eva Carman	ADDRESS Braymer, Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 Hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis DUE TO (c) Generalized Arteriosclerosis		many years many years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Chronic Hypertrophic Prostatitis			many years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: 4201	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) (Minute)	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 June, 1947 to Dec. 31, 1956, that I last saw the deceased alive on Dec. 31, 1956, and that death occurred at 7:00 a.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. E. Goldberg MD	23b. ADDRESS Braymer, Mo	23c. DATE SIGNED 1-2-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 3, 1957	24c. NAME OF CEMETERY OR CREMATORY Evergreen Cem.	24d. LOCATION (City, town, or county) (State) Braymer, Missouri
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DATE REC'D BY LOCAL REG. 1-2-57	REGISTRAR'S SIGNATURE Mrs. Ruth Ann Grogan	25. FUNERAL DIRECTOR'S SIGNATURE MEAD Funeral Service	ADDRESS Braymer, Mo
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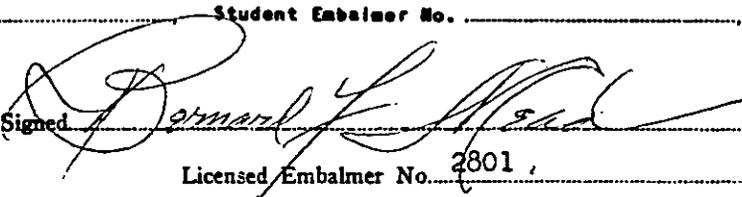
STATEMENT BY LICENSED EMBALMER

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
Student Embalmer

Signed 

Licensed Embalmer No. 2801

P. O. Address Braymer, 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 this body is not embalmed, fact should be so stated above.