FILED JAN 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

496
STATE FILE NUMBER

Registration District No. 49 Primary Registration District No. 5175 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY Camden
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Macks Creek Russell Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 mile west Length of stay in b Most of life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Camden
c. CITY OR TOWN Macks Creek Inside Limits Yes ☒ No ☒
d. STREET ADDRESS R.F.D. (If outside, give location) Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Henry Middle Last Carnahan
4. DATE OF DEATH Month January Day 10 Year 1957
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Oct. 4, 1899
9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY own farm
11. BIRTHPLACE (City and state or country) Schuyler County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Woodford Carnahan
14. MOTHER'S MAIDEN NAME Ella Wright
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 497-18-9646
17. INFORMANT Mrs. Henry Carnahan Address Macks Creek

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary thrombosis
indications of above
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Had no attending physician
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw him alive on _____
Death occurred at 5:50 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Alda R. Eldred (Degree or title) Local Registrar
22b. ADDRESS Macks Creek, Mo
22c. DATE SIGNED 1-12-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-13-57
23c. NAME OF CEMETERY ~~OR CREMATORY~~ Macks Creek
23d. LOCATION (City, town, or county) (State) Macks Creek, Mo.

24. FUNERAL DIRECTOR Jones Fun'l Home ADDRESS Buffalo, Mo.
25. DATE RECD. BY LOCAL REG. 1-12-57
26. REGISTRAR'S SIGNATURE Alda R. Eldred

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gene C. Hunter

Licensed Embalmer No. 47

P. O. Address Buffal

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.