

No. 300
10. 48

FILED MAR 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4180**

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 4166 Registrar's No. 21

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| 1. PLACE OF DEATH a. COUNTY DeKalb | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE Mo b. COUNTY DeKalb | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weatherby | | c. CITY OR TOWN Weatherby | d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) life | | e. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION home of Steve Searcy | | | |

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|--|-------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) Alexandera b. (Middle) B c. (Last) Carson | | | 4. DATE OF DEATH (Month) (Day) (Year) 2-20-57 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 3-25-1871 | 9. AGE (In years last birthday) 85 | 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) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY Railroad | 11. BIRTHPLACE (City and State or Foreign Country) Tenn. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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|--|--|--|--|--|--|
| 13a. FATHER'S NAME Wesley Carson | | 13b. MOTHER'S MAIDEN NAME Martha Kelley | | 14. NAME OF HUSBAND OR WIFE none | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. XXXXXXXXXX | | 17. INFORMANT'S SIGNATURE OR NAME Malvin Carson ADDRESS Maysville 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sh Myocarditis. ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Senile Dementia | | INTERVAL BETWEEN ONSET AND DEATH Years | |
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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) 2 | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 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 1951, 19 , to Feb 20, 1957, that I last saw the deceased alive on Feb 20, 1957, and that death occurred at 11.15p m., from the causes and on the date stated above.

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|--|--|----------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE (Degree or title) Frank W. Wilson M.D. | | 23b. ADDRESS Winston, Mo. | | 23c. DATE SIGNED 2-21-57 | |
|--|--|----------------------------------|--|---------------------------------|--|

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|---|--|--------------------------|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 2-24-57 | | 24c. NAME OF CEMETERY OR CREMATORY Christian Chappel | | 24d. LOCATION (City, town, or county) (State) Weatherby Mo | |
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| DATE REC'D BY LOCAL REG. 3-1-57 | | REGISTRAR'S SIGNATURE Carroll Davidson | | 25. FUNERAL DIRECTOR'S SIGNATURE John Brown ADDRESS Maysville Mo | |
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(Licensed Embalmer's Statement on Reverse Side)

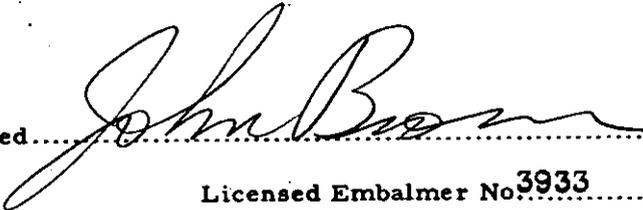
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....


Licensed Embalmer No. 3933

P. O. Address Maysville, M.

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.