

FILED MAY 3 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14246

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 5984 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richland, Mo. Rt. # 3</u> Inside Limits? Yes ☒ No ☐			c. CITY OR TOWN <u>Richland, Mo</u> Inside Limits? Yes ☒ No ☐		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rural Rt. # 3</u> Length of stay in lb <u>25 yrs.</u>			d. STREET ADDRESS (If outside, give location) <u>Rural Rt. # 3.</u> Reside on Farm Yes ☐ No ☒		
3. NAME OF DECEASED (Type or print) First <u>Clara</u> Middle <u>Rosetta</u> Last <u>Carlstrom</u>			4. DATE OF DEATH Month <u>4</u> Day <u>23</u> Year <u>1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH <u>March 23, 1869</u>		9. AGE (In years last birthday) <u>88</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None.</u>	11. BIRTHPLACE (City and state or country) <u>Zazensville, Ohio.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Hiram Kelso</u>			14. MOTHER'S MAIDEN NAME <u>Unknown Brown.</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None.</u>	17. INFORMANT Address <u>Elbert H. Kelso Crocker, Mo</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Primary bronch</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Infection</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>age</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>480X</u>		
20c. TIME OF INJURY Hour - Month, Day, Year a. m. p. m.					
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 <u>near Crocker, Pulaski, Mo</u>	
21. I attended the deceased from <u>Apr. 12</u> to <u>Apr. 23</u> and last saw her alive on <u>4-22-57</u> Death occurred at <u>5:30</u> A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>C. Mallette</u> (Degree or title) <u>MD</u>			22b. ADDRESS <u>Crocker, Missouri</u>		22c. DATE SIGNED <u>4/24/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4/25/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Crocker Memorial Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Crocker, Missouri</u>	
24. FUNERAL HOME <u>Hodges Funeral Home Crocker, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>4-25-57</u>	26. REGISTRAR'S SIGNATURE <u>Leola Mae Anderson</u>		

RECEIVED
4-27-57
Pulaski County Health Officer
File Number 50
Date Filed 4-25-57

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 Walter P. Helgeson

Licensed Embalmer No. 4265

P. O. Address Thermon, 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.