

FILED JUN 3 1957

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 501

|  |                                  |   |  |   |  |  |  |
|--|----------------------------------|---|--|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Greene</b>   |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. <b>Missouri</b> b. COUNTY <b>Greene</b> |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Springfield</b>  |                                  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>         | c. CITY OR TOWN<br><b>Springfield</b> 0396  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Mercy Hosp.</b>  |                                  |   | Length of stay in lb<br><b>48 Yrs.</b>   | d. STREET ADDRESS<br><b>1115 W. Walnut</b> (If outside, give location)  |  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                      |
| 3. NAME OF DECEASED (Type or print)<br><b>JOHN WILLIAM CARRICK</b>   |                                  |   |  | First   | Middle   | Last   | 4. DATE OF DEATH<br>Month <b>May</b> Day <b>24</b> Year <b>1957</b>  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>July 29 1877</b>   |  | 9. AGE (In years last birthday)<br><b>79</b>   | IF UNDER 1 YEAR<br>Months Days Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired</b>  |                                  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Retail Florist</b>                                   | 11. BIRTHPLACE (City and state or country)<br><b>Douglas Co. Mo.</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |  |
| 13. FATHER'S NAME<br><b>William B. Carrick</b>   |                                  |   |  | 14. MOTHER'S MAIDEN NAME<br><b>Rebecca Skein</b>  |  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>500-36-7680</b>   |  | 17. INFORMANT Address<br><b>Mrs. Etta Carrick Springfield, Mo.</b>  |  |  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral thrombosis</b>  |                                  |   |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 to 2 hrs.</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Cerebral arteriosclerosis</b>  |                                  |   |  |   |  |  | <b>4 to 5 yrs.</b>   |
| PART II.-OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)<br><b>Psychosis due to cerebral arteriosclerosis</b>  |                                  |   |  |   |  |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b> |
| 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 DEATH<br>Hour <b>9:00</b> Month <b>5</b> Day <b>24</b> Year <b>57</b>   |                                  |   |  |   |  |  |  |
| 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<br><b>Springfield, Greene, Missouri</b>  |  | STATE  |  |
| 21. I attended the deceased from <b>Nov. 19, 1956</b> to <b>May 24, 1957</b> and last saw <del>her</del> <b>him</b> alive on <b>May 9, 1957</b><br>Death occurred at <b>9:00</b> A. m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |  |   |  |  |  |
| 22a. SIGNATURE (Degree or title)<br><b>William F. Clary M.D.</b>   |                                  |   |  | 22b. ADDRESS<br><b>1636 S. Glenstone Springfield, Mo.</b>   |  | 22c. DATE SIGNED<br><b>May 24, 1957</b>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 23b. DATE<br><b>5/27/57</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Maple Park</b>                                      |   | 23d. LOCATION (City, town, or county) (State)<br><b>Springfield, Mo.</b> |  |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>H.H. Lohmeyer Springfield, Mo.</b>  |                                  |   | 25. DATE RECD. BY LOCAL REG.<br><b>5-27-57</b>   |   | 26. REGISTRAR'S SIGNATURE<br><i>Etta Carrick</i>                         |  |  |

(Licensed Embalmer's Statement on Reverse Side)

**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 *H. M. C. Coen*.....

Licensed Embalmer No. *272*

P. O. Address *Springfield*

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.