No. 300
10.48

FILED MAY 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16706

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 494

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

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Springfield
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Springfield Baptist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Arkansas b. COUNTY Pope
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dover.
d. STREET ADDRESS 803 O 8 (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Ellis c. (Last) Carver

4. DATE OF DEATH (Month) (Day) (Year) May 21, 1957

5. SEX Male

6. COLOR OR RACE Wht.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH April 12, 1956

9. AGE (In years last birthday) 1 — 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) —

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (City and State or Foreign Country) Harrison, Arkansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Ellis R. Carver

13b. MOTHER'S MAIDEN NAME Cordelia Treet

14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT'S SIGNATURE OR NAME Ellis R. Carver, father — **ADDRESS** Dover Ark.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Adrenal Insufficiency — INTERVAL BETWEEN ONSET AND DEATH 4 hours.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Congenital Hypoadrenalism — Birth

DUE TO (c) 274X

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Congenital deformity each upper extremity, thyroid & lungs — Birth

19a. DATE OF OPERATION May 21 1957

19b. MAJOR FINDINGS OF OPERATION Congenital absence of arm & deformity at upper extremity

20. AUTOPSY? YES ☑ NO ☐

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 23, 1956 *to* May 21, 1957, *that I last saw the deceased alive on* May 21, 1957, *and that death occurred at* 3:55 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Daniel L Yancey M.D.

23b. ADDRESS Springfield, Mo

23c. DATE SIGNED May 22 1957

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

24b. DATE 5/22/57

24c. NAME OF CEMETERY OR CREMATORY Dover Cemetery

24d. LOCATION (City, town, or county) Dover (State) Ark

DATE REC'D BY LOCAL REG. 5-24-57

REGISTRAR'S SIGNATURE Smith Williamson

25. FUNERAL DIRECTOR'S SIGNATURE CHRISTESON Funeral Home **ADDRESS** Harrison Ark

(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 .....
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.