

FILED JAN 27 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

765

STATE FILE NUMBER

Registration District No. 101 Primary Registration District No. 4173 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Douglas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>DOUGLAS</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>AVA</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>AVA</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) <u>JOE</u>				First <u>JOE</u>	Middle <u>E</u>	Last <u>CARSON</u>	4. DATE OF DEATH Month <u>1</u> Day <u>19</u> Year <u>1983</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>8/18/1869</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.		
		WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>			Months	Days	Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>AVA, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>JAMES W CARSON</u>				14. MOTHER'S MAIDEN NAME <u>ALLICE SWAIN</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>NO</u>	17. INFORMANT <u>JOHN CARSON</u>		Address <u>AVA, 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>myocardial infarction</u>							INTERVAL BETWEEN ONSET AND DEATH <u>3:00 p</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>chronic arterial sclerosis &amp; hypertension</u>	DUE TO (c)					20 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.) <u>444X</u>					
20c. TIME OF INJURY Hour <u>          </u> Month <u>          </u> Day <u>          </u> a. m. <u>          </u> p. m. <u>          </u>								
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 <u>AVA MO</u>		COUNTY	STATE	
21. I attended the deceased from <u>          </u> to <u>          </u> and last saw <u>her</u> <u>him</u> alive on <u>          </u> Death occurred at <u>          </u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>M.C. Hendry</u>				22b. ADDRESS <u>AVA MO</u>		22c. DATE SIGNED <u>1-20-58</u>		
23a. BURIAL, CREMATION, REMAINS (Specify)	23b. DATE <u>1/22/1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>AVA CEMETERY</u>		23d. LOCATION (City, town, or county) <u>AVA,</u>		(State) <u>MO</u>		
24. FUNERAL DIRECTOR <u>Clinkingbeard F. H.</u>		ADDRESS <u>Ava, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>1-24-58</u>		26. REGISTRAR'S SIGNATURE <u>Wesley Bushman</u>		

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

hh,  
alfare  
blic  
vice  
0340  
00  
56

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Lytle C. Clackingham*

Licensed Embalmer No. *42*

P. O. Address *Alva, Mo.*

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.