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Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 3 - 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005085
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 467A

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield Mo — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Baptist Hospital — Length of stay in 1b: 2da

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Dade
c. CITY OR TOWN: Aldrich Mo Rtl — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): North Morgan TVP — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: John Middle: Alvis Last: Carns
4. DATE OF DEATH: Month Feb Day 17 Year 1958
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: May 16, 1872
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months 9 Days 1 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (City and state or country): Dade Co Mo
12. CITIZEN OF WHAT COUNTRY? usa
13. FATHER'S NAME: Alfred M Carns
14. MOTHER'S MAIDEN NAME: Mary E Neill
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.: none
17. INFORMANT: Robert Carns Aldrich Mo Rtl (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Acute appendicitis 465X
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
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

21. I attended the deceased from 2-16-58 to 2-17-58 and last saw ~~him~~ him alive on 2-17-58
Death occurred at 4 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] (Degree or title): MD. 22b. ADDRESS: Springfield Mo 22c. DATE SIGNED: 2-20-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial 23b. DATE: Feb 21 1958 23c. NAME OF CEMETERY OR CREMATORY: Jona 23d. LOCATION (City, town, or county) (State): Dade Co Mo.

24. FUNERAL DIRECTOR: W. R. Allison ADDRESS: Greenfield Mo.
25. DATE RECD. BY LOCAL REG.: 2-24-58
26. REGISTRAR'S SIGNATURE: Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

MAR 5 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. R. Allison

Licensed Embalmer No. 44

P. O. Address Greenfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.