

Health, Welfare, Public Service, 0460, 300, 1-56, All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009743
STATE FILE NUMBER

FILED MAR 19 1958

Registration District No. 143 Primary Registration District No. 5560 Registrar's No. 9

| | | | | | |
|---|---------------------------|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY HOWELL | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY HOWELL | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WILLOW SPRINGS TWP. | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN WILLOW SPRINGS | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | | d. STREET ADDRESS 424 PINE | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First JOHN Middle WILLIAM Last CARTHEL | | | 4. DATE OF DEATH Month MARCH Day 13 Year '58 | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH MAY 31, 1890 | 9. AGE (In years last birthday) IF UNDER 1 YEAR: Months 27 Days 9 IF UNDER 24 HRS.: Hours 12 Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GOVT. WORK | | 10b. KIND OF BUSINESS OR INDUSTRY RETIRED | | 11. BIRTHPLACE (City and state or country) BATESVILLE, ARK. | |
| 13. FATHER'S NAME Edgar Carthel | | | 14. MOTHER'S MAIDEN NAME Annie Tothys | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes 10/14/19 to 7/14/21 | | 16. SOCIAL SECURITY NO. 299-22-1800 | | 17. INFORMANT Address Mrs. Helen Carthel, Willow Springs, Mo. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION | | | | | INTERVAL BETWEEN ONSET AND DEATH ACUTE |
| 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) | | | | | 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.) 4201 | | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____ | | | | | |
| 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 COUNTY STATE | |
| 21. I attended the deceased from 3-12-57 to 3/13/58 and last saw him alive on 2/7/58 Death occurred at 12:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) M. E. Perkins M.D. | | | 22b. ADDRESS Willow Springs, Mo. | | 22c. DATE SIGNED 3/14/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 3/15/58 | 23c. NAME OF CEMETERY OR CREMATORY City Cemetery | | 23d. LOCATION (City, town, or county) (State) Willow Springs, Mo. |
| 24. FUNERAL DIRECTOR M. Burns, Willow Springs, Mo. | | | 25. DATE RECD. BY LOCAL REG. 3/15/58 | | 26. REGISTRAR'S SIGNATURE Marshall Pelland |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 28 1958
MAR 20 1958

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 *Fred W. Barnes*

Licensed Embalmer No. *461*
P. O. Address *Willow Sp...*

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.