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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-024760

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 5143 Registrar's No. 462

1. PLACE OF DEATH a. COUNTY Butler	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Butler
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Poplar Bluff, Mo. Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Poplar Bluff 0120 0 Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Home Route #1 Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Route #1 Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Samuel Middle A. Last Carson		4. DATE OF DEATH Month July Day 20, Year 1958	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH March 1,1879
9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 4 Days 19	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Gallatin, Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Samuel M.Carson	13b. MOTHER'S MAIDEN NAME Emma Lamy	14. NAME OF HUSBAND OR WIFE Dora Karsner Carson	
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. 488265386	17. INFORMANT Mrs.S.A.Carson Address Poplar Bluff, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pulmonary hemorrhage acute.	15 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Chronic Valvular heart disease	15 to 20 yrs.
DUE TO (c)	Arteriosclerosis 4214	

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 ☐ NO ☐ 0

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 15 August 57 to 20 July 58 and last saw him alive on 10 July 58
Death occurred at 7:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Cyril A. Post M.D. 0	22b. ADDRESS Poplar Bluff, Mo	22c. DATE SIGNED 26 July 58 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-23-58	23c. NAME OF CEMETERY OR CREMATORY City Cem.
23d. LOCATION (City, town, or county) Poplar Bluff, Mo.		
24. FUNERAL DIRECTOR ADDRESS Frank-Cotrell Poplar Bluff,Mo.	25. DATE RECD. BY LOCAL REG. 7/26/58	26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 Charles E. Mungle

Licensed Embalmer No. 1877

P. O. Address Dollar Bluff

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.