

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028759

STATE FILE NUMBER

FILED SEP 9 1958 Registration District No. 120 Primary Registration District No. 4197 Registrar's No. 247

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Gentry</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>STANBERRY, MO</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Stanberry MO</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 <u>N. WILLOW ST</u>		Length of stay in lb <u>36 Yrs</u>		d. STREET ADDRESS (If outside, give location) <u>405 N. WILLOW</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Mr. James F. Caraway</u>				4. DATE OF DEATH Month <u>9</u> Day <u>4</u> Year <u>1958</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>JUNE 9, 1883</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STN ENGINEER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Church Contractors</u>		11. BIRTHPLACE (City and state or country) <u>DAVIS CO, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U-S-A</u>	
13. FATHER'S NAME <u>Joseph Caraway</u>				14. MOTHER'S MAIDEN NAME <u>none</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>NONE</u>		17. INFORMANT <u>Mrs. Winnie's Caraway</u> Address <u>Stanberry 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>Coronary artery disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Arteriosclerosis, Obesity</u>				year	
		DUE TO (c) <u>unknown</u>				4201	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>none</u>						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.)				
20c. TIME OF INJURY Hour <u> </u> Month, Day, Year 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		COUNTY STATE	
21. I attended the deceased from <u>Oct 8, 1957</u> to <u>Sept 4, 1958</u> and last saw him alive on <u>Aug 29, 1958</u> Death occurred at <u>about 9:30 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Celvest R. Carlen, MD</u>				22b. ADDRESS <u>Stanberry, MO</u>		22c. DATE SIGNED <u>9-4-58</u>	
23a. BURIAL, CREMATION, REMOVAL, OR OTHER		23b. DATE <u>9/7/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hugh Hedges</u>		23d. LOCATION (City, town, or county) (State) <u>Stanberry, MO</u>		
24. FUNERAL DIRECTOR <u>Fabry & Pugh, Stanberry, MO</u>			25. DATE RECD. BY LOCAL REG. <u>9-6-58</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. L. W. Bare</u>		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
300-1-56
All symptoms will be listed. All 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
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. Coroner cannot certify to a death due to natural causes.

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..... *Leroy A. Phelton*

Licensed Embalmer No. 18

P. O. Address *Stoube*

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.