

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039761

STATE FILE NUMBER

FILED DEC 15 1958 Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 7

300
1-57

1. PLACE OF DEATH a. COUNTY HOWELL		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY HOWELL	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MOODY,		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN MOODY,
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION X X		Length of stay in lb 88 yrs.,	d. STREET ADDRESS (If outside, give location) R F D
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last EMANUEL CARRELL	4. DATE OF DEATH Month Day Year 11-15-58
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5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-17-1870	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Month 8 Days 28	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (City and state or country) HOWELL COUNTY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME PETER CARRELL	13b. MOTHER'S MAIDEN NAME MARY BEAN	14. NAME OF HUSBAND OR WIFE X
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X X	16. SOCIAL SECURITY NO. X	17. INFORMANT ETHEL ATKINS, MOODY, MISSOURI	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Uremia		2 weeks
DUE TO (c) Cardiovascular renal disease		1 year.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 442 X		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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from 11/13/58 to 11/13/58 and last saw him alive on 11/13/58 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. L. Fowler MD (Degree or title)	22b. ADDRESS West Plains Mo	22c. DATE SIGNED 11-18-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) B	23b. DATE 11-18-58	23c. NAME OF CEMETERY OR CREMATORY MT. ZION	23d. LOCATION (City, town, or county) (State) S. FORK, MISSOURI
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24. FUNERAL DIRECTOR ROBERTSON SM WEST PLAINS, MISSOURI	ADDRESS	25. DATE RECD. BY LOCAL REG. 12-10-58	26. REGISTRAR'S SIGNATURE Beatrice Cook
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *A. A. Roberts*

Licensed Embalmer No. *3130*

P. O. Address *West Hill*

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.