

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043668
STATE FILE NUMBER

FILED DEC 29 1958

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 109

300
-57

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem		c. CITY OR TOWN Salem	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3rd st		d. STREET ADDRESS 3rd st	
3. NAME OF DECEASED (Type or print) First Middle Last William Quinley Carver		4. DATE OF DEATH Month Day Year Dec 18 1958	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 16 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY timber	11. BIRTHPLACE (City and state or country) Shannon Co Mo
13a. FATHER'S NAME Wm J Carver		13b. MOTHER'S MAIDEN NAME Elvira Carver	14. NAME OF HUSBAND OR WIFE xxxxx
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWI		16. SOCIAL SECURITY NO. 500 05 44	17. INFORMANT Address 35 Ora Carver Salem 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) Acute myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary atherosclerosis DUE TO (c) Generalized arteriosclerosis.			INTERVAL BETWEEN ONSET AND DEATH 12 days
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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 12/6/58 to 12/18/58 and last saw him alive on 12/15/58 Death occurred at P 3 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) B. J. Pass, MD		22b. ADDRESS Salem	22c. DATE SIGNED 12/22/58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12-20-58	23c. NAME OF CEMETERY OR CREMATORY Cedar Grove Cem	23d. LOCATION (City, town, or county) Salem Mo
24. FUNERAL DIRECTOR ADDRESS Spencer Funeral Home Inc		25. DATE RECD. BY LOCAL REG. 12/22/58	26. REGISTRAR'S SIGNATURE M. M. Hart, M.D. by 97

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 7 1951

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 *Carl H. Spurr*

Licensed Embalmer No. *9370*

P. O. Address *Salem, Va.*

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.