

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044848

STATE FILE NUMBER

Registration District No. 300 Primary Registration District No. 3041 Registrar's No. 1

300
1-57
0611

PLACE OF DEATH
JAN 17 1959
COUNTY Macon

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Macon

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Macon Inside Limits Yes No

c. CITY OR TOWN Macon 6610 Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 707 Vine Length of stay in lb 15 yrs.

d. STREET ADDRESS (If outside, give location) 707 Vine Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Adra Ann Carnahan

4. DATE OF DEATH Month Day Year Dec. 31, 1958

5. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH Nov. 29, 1867 9. AGE (In years last birthday) 91 9. AGE (In years last birthday) 91 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (City and state or country) Macon County, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Carnahan 13b. MOTHER'S MAIDEN NAME Mary Hardgrove 14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no no 16. SOCIAL SECURITY NO. no 17. INFORMANT Ernest Carnahan Address Atlanta, 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 30 min.
DUE TO (b) Chronic arteriosclerosis years
DUE TO (c) Chronic Nephritis years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus 592X 19. WAS AUTOPSY PERFORMED? YES NO

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 Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT 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 Aug. 1958 to Dec. 31, 1958 and last saw her alive on Dec 11, 1958
Death occurred at 31 Dec 58 9:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Donald E. Eggleston MD 22b. ADDRESS Macon, Missouri 22c. DATE SIGNED 7 Jan 59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Jan. 2, 1959 23c. NAME OF CEMETERY OR CREMATORY Mt. Tobor Cem. 23d. LOCATION (City, town, or county) (State) Atlanta, Mo.

24. FUNERAL DIRECTOR Lester Hutton ADDRESS Macon, Mo. 25. DATE RECD. BY LOCAL REG. 1/8/59 26. REGISTRAR'S SIGNATURE Ruth M. Neely

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Date Filed 1-12-67

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 L. Hutton*

Licensed Embalmer No. *4577*

P. O. Address *Dracon, Mo*

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.