

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006702

STATE FILE NUMBER

FILED FEB 26 1959 Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <i>Randolph</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Randolph</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Moberly</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Moberly, Mo</i> 6843 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>522 Burkholder 62 years</i>		d. STREET ADDRESS (If outside, give location) <i>522 Burkholder</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>WILLIAM - CARNES</i> First Middle Last		4. DATE OF DEATH <i>Feb 19 - 1959</i> Month Day Year	
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan - 22 - 1875</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Blacksmith Retired</i>		9b. KIND OF BUSINESS OR INDUSTRY <i>Blacksmith</i>	9c. AGE (In years last birthday) <i>84</i> IF UNDER 1 YEAR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Blacksmith Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Blacksmith</i>	10c. BIRTHPLACE (City and state or country) <i>Cipio Ind.</i>
11. FATHER'S NAME <i>Tom Carnes</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. MOTHER'S MAIDEN NAME <i>Nancy Tyler</i>		14. MOTHER'S MAIDEN NAME <i>Nancy Tyler</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>703-01-1291</i>	
17. INFORMANT <i>Virginia Taylor</i>		Address <i>74 Clara St. Louis</i>	
18. CAUSE OF DEATH [Enter only one cause per line (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral embolism</i> <i>Hypertensive Heart Disease</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) _____			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 <i>2 18 59</i> Hour Month, Day, Year a. m. p. m.			
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 <i>Moberly</i> COUNTY <i>Randolph</i> STATE <i>Mo</i>
21. I attended the deceased from <i>2-15-59</i> to <i>2-18-59</i> and last saw her alive on <i>2-18-59</i> Death occurred at <i>2 00 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. A. Arnold</i> (Death or title)		22b. ADDRESS <i>Moberly Mo</i>	22c. DATE SIGNED <i>2-18-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Feb 21 - 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Dakland Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Moberly, Missouri</i>
24. FUNERAL DIRECTOR <i>Cater Funeral Home, Moberly, Mo</i> ADDRESS _____		25. DATE REC'D BY LOCAL REG. <i>2-21-59</i>	26. REGISTRAR'S SIGNATURE <i>Leabell Howe</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

(Licensed Embalmer's Statement on Reverse Side)

FEB 26 1959

MAR. 10 19

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 *Jerry R. Carter*.....

Licensed Embalmer No. *490*

P. O. Address *Whiskey*.....

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.