

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008311
STATE FILE NUMBER

FILED APR 10 1959

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 72

300
-57

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		c. CITY OR TOWN Mexico 0698	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital		d. STREET ADDRESS (If outside, give location) R. F. D. 6	
Length of stay in lb 18 days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Clovis Cash Carnes			4. DATE OF DEATH Month April Day 4 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 13, 1882	9. AGE (In years last birthday) 77	10. UNDER 1 YEAR Months 7 Days 10	11. UNDER 24 HRS. Hours 10 Min. 00
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paperhanger	10b. KIND OF BUSINESS OR INDUSTRY Decorator	11. BIRTHPLACE (City and state or country) Edgar County, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George P. Carnes	13b. MOTHER'S MAIDEN NAME Virginia Lillian Smith	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) no	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Frank M. Jones	Address 1309 Margretta Mexico, Mo.
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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) Cardiovascular disease with kidney failure		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 442X		

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 _____ 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 COUNTY _____ STATE _____
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21. I attended the deceased from 8-19-53 to 4-4-59 and last saw ^{her} him alive on 4-3-59 Death occurred at 8:10 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE W. Hallenbach M.D.	22b. ADDRESS Monroe, Mo	22c. DATE SIGNED 4-4-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-6-1959	23c. NAME OF CEMETERY OR CREMATORY Santa Fe Cemetery	23d. LOCATION (City, town, or county) Monroe County, Missouri
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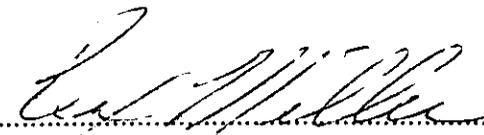
24. FUNERAL DIRECTOR Arnold Funeral Home, Mexico, Mo.	25. DATE RECD. BY LOCAL REG. April 5-1959	26. REGISTRAR'S SIGNATURE Blanche Neely
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S.P. Hallenbach, M.D.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no cause. 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 

Licensed Embalmer No. 449
P. O. Address Medico

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.