

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008984
STATE FILE NUMBER

Registration District No. 112 Primary Registration District No. 5408 Registrar's No. 6

300
-57

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| 1. PLACE OF DEATH a. COUNTY <u>Franklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Leslie, Mo. Boone</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN <u>Leslie Route 2</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Leslie Route 2</u> | | Length of stay in lb | d. STREET ADDRESS <u>Boone Township</u> |
| | | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>DOUGLAD</u> Middle <u>CARRON</u> Last <u>ILYES</u> | | | 4. DATE OF DEATH Month <u>April</u> Day <u>9</u> Year <u>1959</u> | |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Sept 8, 1887</u> | 9. AGE (In years) (last birthday) <u>71</u> Months <u>7</u> Days <u>1</u> | IF UNDER 1 YEAR Hours <u></u> Min. <u></u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
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| 10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk 1st Nat. Bank</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Bank</u> | 11. BIRTHPLACE (City and state or country) <u>Unknown</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Emily Hayes</u> |
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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) <u>No</u> <u>None</u> | 16. SOCIAL SECURITY NO. <u>186-16-2537</u> | 17. INFORMANT <u>Emily Hayes, Leslie, Mo. Route 2.</u> |
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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) <u>Cerebral Sclerotic Heart Disease</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Approx</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Rheumatoid Arthritis</u> | | |
| DUE TO (c) <u>and De embolus, vessels</u> | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition shown in PART I (a) <u>4200</u> | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) <u>4200</u> |
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| 20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u> | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u> | 20e. CITY, TOWN, OR LOCATION <u></u> | COUNTY <u></u> | STATE <u></u> |
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| 21. I attended the deceased from <u>1958</u> to <u>1959</u> and last saw him alive on <u>2-29-59</u> Death occurred at <u>2245 P. on</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | 22c. DATE SIGNED <u>4-10-59</u> |
| 22a. SIGNATURE <u>Charles D. [Signature]</u> | 22b. ADDRESS <u>Gerald</u> | |

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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>April 13, 1959</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u> | 23d. LOCATION (City, town, or county) (State) <u>St. Louis, County, Mo.</u> |
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| 24. FUNERAL DIRECTOR <u>Clifford Funeral Home, No. 16, Mo.</u> | ADDRESS <u></u> | 25. DATE RECD. BY LOCAL REG. <u>April 10-1959</u> | 26. REGISTRAR'S SIGNATURE <u>John Charles [Signature]</u> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

8001 27 277

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 *Ernest L. Oltmann*

Licensed Embalmer No. *4054*

P. O. Address *Herald, 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.