

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011960
STATE FILE NUMBER

Registration District No. 328 Primary Registration District No. 3073 Registrar's No. 15

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|---|-----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>SCOTT</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CHAFFEE</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>CHAFFEE</u> <u>1001 C</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>116 PARKER AVE</u> | | Length of stay in 1b <u>3 YRS.</u> | d. STREET ADDRESS (If outside, give location) <u>116 PARKER AVE</u> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>ALMA CORENA CARLE</u> | | | 4. DATE OF DEATH Month Day Year <u>MARCH 21, 1959</u> |
| 5. SEX <u>FEMALE</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>MAR. 7, 1902</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY — | 9. AGE (In years last birthday) <u>57</u> IF UNDER 1 YEAR Months Days Hours Min. <u>0 14</u> |
| 11. BIRTHPLACE (City and state or country) <u>(NEAR) CHAFFEE, MO.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>MIKE HENRY WITT</u> | | 13b. MOTHER'S MAIDEN NAME <u>GERTRUDE BLOCKER</u> | 14. NAME OF HUSBAND OR WIFE <u>NATHAN HENRY CARLE</u> |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT Address <u>NATHAN H. CARLE - CHAFFEE, MO.</u> |
| 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>Generalized Carcinomatosis</u> DUE TO (b) <u>Carcinoma of Breast</u> DUE TO (c) <u>170X</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Multiple Sclerosis</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> <u>3 yrs</u> |
| 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 a.m. p.m. Month, Day, Year | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 | |
| 21. I attended the deceased from <u>Sept. 19, 1958</u> to <u>21 Mar. 1959</u> and last saw her alive on <u>21 Mar 59</u> Death occurred at <u>3:30 P.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u> | | 22b. ADDRESS <u>CHAFFEE MO</u> | 22c. DATE SIGNED <u>23 Mar 59</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>MAR. 24, 1959</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>FORREST HILLS MEMORIAL GARDEN (NEAR) MORBEY</u> | 23d. LOCATION (City, town, or county) (State) <u>MISSOURI</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>BISPLINGHOFF FUNERAL HOME - CHAFFEE, MO.</u> | | 25. DATE RECD. BY LOCAL REG. <u>March 24 1959</u> | 26. REGISTRAR'S SIGNATURE <u>MD Paul Bregling Legz</u> |

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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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 *Jack T. Burnett*

Licensed Embalmer No. *4473*
P. O. Address *C. Koffee, 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.