URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 12 1959

59-037139

STATE FILE NUMBER

AMENDED

Registration District No. 275 Primary Registration District No. 5943 Registrar's No. 207

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Edgar Springs — Length of stay in 1b: 27 Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Delivery — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Phelps
c. CITY OR TOWN Edgar Springs — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) General Delivery — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: FRANIE Middle: EMALINE Last: CARLTON

4. DATE OF DEATH Month, Day, Year: Nov. 6, 1959

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-29-89
9. AGE (last birthday): 70
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Reynolds County, Mo., USA
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John Myers
13b. MOTHER'S MAIDEN NAME: Franie ?
14. NAME OF HUSBAND OR WIFE: Charles H. Carlton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): XX
16. SOCIAL SECURITY NO.: Yes
17. INFORMANT: Charles H. Carlton, Address: Edgar Springs, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac + pulmonary arrest
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary occlusion
DUE TO (c) coronary thrombosis
INTERVAL BETWEEN ONSET AND DEATH: Immediate

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dead on arrival to ____ and last saw her/him alive on ____
Death occurred at 3:00A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: B. J. Myers (Degree or title) D.O.
22b. ADDRESS: Licking, Mo.
22c. DATE SIGNED: 11-2-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-8-59
23c. NAME OF CEMETERY OR CREMATORY: Asher Cemetery
23d. LOCATION (City, town, or county) (State): Black, Missouri.

24. FUNERAL DIRECTOR: Null & Sons Funeral Home..Rolla ADDRESS
By Paul E. Null
25. DATE RECD. BY LOCAL REG.: Nov. 7, 1959
26. REGISTRAR'S SIGNATURE: Nadine L Stoll

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

NOV 19 1959

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 Paul E. Mull

Licensed Embalmer No. 4498

P. O. Address Rolla, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.