

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-003231

FILED VS. JAN 22 1960

Primary Registration District No. _____ Registrar's No. **2 269**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b 29 DAYS	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH 915 N GRAND ST LOUIS			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4146 HARTFORD	
3. NAME OF DECEASED (Type or print) First Middle Last GUY NMI CARLETON			4. DATE OF DEATH Month Day Year JANUARY 8 1960		
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 2/13/86	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICIAN		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) CAYOSO, MISSOURI		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME WILLIAM CARLETON		13b. MOTHER'S MAIDEN NAME GEORGIA FIELDS		14. NAME OF HUSBAND OR WIFE - - - - -	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. 487-24-3508A	17. INFORMANT Address NELLE CARLETON (SISTER) 4146 HARTFORD		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBROVASCULAR ACCIDENT					INTERVAL BETWEEN ONSET AND DEATH 10 HOURS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTEROSCLEROSIS OBLITERANS DUE TO (c) -					-
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) THORACTOMY FOR CANCER OF THE LUNG					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 Hour a.m. p.m. Month, Day, Year					
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
21. I attended the deceased from 12/10/59 , to 1/8/60 and last saw ^{her} him alive on 1/8/60 Death occurred at 2:20 AM on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Doctor or file) <i>Gerald P. Belben</i> M.D.			22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 1/8/60
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL (RAIL)	23b. DATE 1-9-1960	23c. NAME OF CEMETERY OR CREMATORY LITTLE PRARIE CEM. CAROTHERSVILLE, MO.		23d. LOCATION (City, town, or county) CAROTHERSVILLE, MO.	
24. FUNERAL DIRECTOR KRIEGSHAUER 4228 SKINGSHICAWAY		25. DATE RECD. BY LOCAL REG. JAN 8 1960		26. REGISTRAR'S SIGNATURE <i>Loed Smith, M.D.</i> mjs	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard W. Stoves

Licensed Embalmer No. 4007

P. O. Address _____

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.