

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014818

STATE FILE NUMBER

FILED VS MAY 2 1960 128 Primary Registration District No. 2000 Registrar's No. 480

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>GREENE</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		Length of stay in 1b <b>8 Mo's.</b>	c. CITY OR TOWN <b>Springfield</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Burge Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>649 South Main St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>DARLENE DENISE CARLOCK</b>			4. DATE OF DEATH Month Day Year <b>April 23, 1960</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>COLORED</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>SEPT. 1, 1959</b>	9. AGE (last birthday)	IF UNDER 1 YEAR IF UNDER 24 HR <b>7</b> Months <b>22</b> Days <b></b> Hours <b></b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>Infant</b>	11. BIRTHPLACE (City and state or country) <b>Springfield, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>DE HOMER CARLOCK</b>		13b. MOTHER'S MAIDEN NAME <b>MARIAN LONG</b>		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) <b>NO</b>		16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT <b>DE HOMER CARLOCK, Springfield, Mo.</b> Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>TOXIC DEHYDRATION ONSET AND DEATH</b> <b>ACUTE ENCEPHALITIS, ACIDOSIS</b> DUE TO (b) <b>INFECTIOUS DIARRHEA</b> <b>4 D</b> DUE TO (c) <b>.</b> 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. <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 <b>4-23-60</b> to <b>4-23-60</b> and last saw her <sup>her</sup> <sub>him</sub> alive on <b>4-23-60</b> Death occurred at <b>4:10 Pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Arthur Beach MD.</b>			22b. ADDRESS <b>609 CHERRY SPRINGFIELD MO</b>		22c. DATE SIGNED <b>4-26-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>4-25-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>GREENFIELD CEMETERY GREENFIELD, MISSOURI</b>		23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <b>Brim-Daniel, Ash Grove, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>4-27-60</b>		26. REGISTRAR'S SIGNATURE <b>Effie E. Melton</b>	

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 Gayle L. Hammett

Licensed Embalmer No. 470

P. O. Address Ark Grove  
Mo

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