

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

=60-016005

STATE FILE NUMBER

FILED VS APR 21 1960

Registration District No. 177

Primary Registration District No. 5649

Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Okla.</b> b. COUNTY <b>Harper</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Pierce</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Buffalo Okla.</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>North Pierce City</b>		Length of stay in lb <b>90 10 weeks</b>	d. STREET ADDRESS (If outside, give location) <b>Walnut Street</b>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Nora</b> Middle <b>Estella</b> Last <b>Carl</b>			4. DATE OF DEATH Month <b>Apr.</b> Day <b>17</b> Year <b>1960.</b>		
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2. DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>8-21-1873</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>26</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Souix City Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Silas Bayne</b>		13b. MOTHER'S MAIDEN NAME <b>Cathrine Snyder</b>		14. NAME OF HUSBAND OR WIFE <b>John W. Carl</b>	
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>None</b>	17. INFORMANT Address <b>Mrs. Garland Thorne Pierce City</b>		
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>Perforated gastric ulcer</b>					INTERVAL BETWEEN ONSET AND DEATH <b>4 hrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____					
DUE TO (c) <b>5401</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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. _____					
20d. INJURY OCCURRED WHILE AT <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>Mar 14/60</b> to <b>Apr 17/60</b> and last saw her alive on <b>Apr 16/60</b> Death occurred at <b>4:00 PM</b> m in the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Charles S. Moore D.O.</b>			22b. ADDRESS <b>Pierce City Mo.</b>		22c. DATE SIGNED <b>4/17/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIED</b>		23b. DATE <b>4-19-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>High Pint Cenetry</b>		23d. LOCATION (City, town, or county) (State) <b>Buffalo Okla.</b>
24. FUNERAL DIRECTOR <b>Wilks Bros. Pierce City Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>4-17-60</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. P.D. Cash</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

4-0

Rec. 4-20-60

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 Edwin Wilks....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Edwin Wilks.....

Licensed Embalmer No. 4131.....  
P. O. Address Pease City, 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.