

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 2 1960

=60-020390

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 80

DED

1. PLACE OF DEATH a. COUNTY Pike			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Pike			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana		Length of stay in 1b	c. CITY OR TOWN Bowling Green		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pike County Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 305 W. Main Street		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Charles William Carson			4. DATE OF DEATH Month Day Year May 21 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH Jan 3 1908	9. AGE (last birthday) 52	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory work		10b. KIND OF BUSINESS OR INDUSTRY Factory	11. BIRTHPLACE (City and state or country) Pike County Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Jacob F. Carson		13b. MOTHER'S MAIDEN NAME Katherine Wirths		14. NAME OF HUSBAND OR WIFE (Divorced)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service) Yes WW # 2		16. SOCIAL SECURITY NO. 147-05-7408	17. INFORMANT Address Frank Carson, Bowling Green, Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Persistent & Uncontrollable Supra Ventricular Tachycardia Peri-carditis and myo cardia strain DUE TO (b) acute generalized bronchitis and pneumonitis DUE TO (c) acute generalized bronchitis and pneumonitis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PROGRESSIVE GRADE IV MYOCARDIAL HYPERTROPHY + DECOMPENSATION					INTERVAL BETWEEN ONSET AND DEATH APPROXIMATELY ONE WEEK	
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 Month, Day, Year a.m. p.m.			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		20g. COUNTY		20h. STATE
21. I attended the deceased from <u>May 21st '60</u> to <u>May 23rd '60</u> and last saw him alive on <u>12:00 PM May 23rd '60</u> Death occurred at <u>12:45 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Robert H. Hayden M.D.			22b. ADDRESS Bowling Green, Missouri		22c. DATE SIGNED May 25th '60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE MAY 26, 1960	23c. NAME OF CEMETERY OR CREMATORY Noix Creek Cemetery		23d. LOCATION (City, town, or county) Pike County Missouri		23e. STATE Missouri
24. FUNERAL DIRECTOR Butler-Fritchett			25. DATE RECD. BY LOCAL REG. May 27-60		26. REGISTRAR'S SIGNATURE Bernie Caille	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 7 1960

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed John W. Butler

Licensed Embalmer No. 4447

P. O. Address Bowling Green

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.