

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026256

FILED VS JUL 26 1960

75

Primary Registration District No. 3015

Registrar's No. 84

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY CHINTON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY CHINTON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CAMERON		Length of stay in 1b 12 YRS		c. CITY OR TOWN CAMERON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CAMERON HOSPITAL				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) E. 5th Street	
3. NAME OF DECEASED (Type or print) First Middle Last CLARENCE FLOYD CARLIS				4. DATE OF DEATH Month Day Year July 20 1960			
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-26-1906	
9. AGE (last birthday) 54		10. KIND OF BUSINESS OR INDUSTRY INSURANCE		11. BIRTHPLACE (City and state or country) Caldwell Mo		12. CITIZEN OF WHAT COUNTRY USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dist. Mgr. Farmers Mo. Co.				13a. FATHER'S NAME ARTHUR CARLIS			
13b. MOTHER'S MAIDEN NAME W. BOBISON				14. NAME OF HUSBAND OR WIFE Helen Carlis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. 490-302805		17. INFORMANT Mrs. Helen Carlis	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Amyotrophic lateral Sclerosis DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				INTERVAL BETWEEN ONSET AND DEATH 3 years		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	
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.			
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 COUNTY STATE	
21. I attended the deceased from April 15, 1950 to July 20, 1960 and last saw him alive on July 20, 1960 Death occurred at 9:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) J. H. Jones M.D.			
22b. ADDRESS Cameron Mo				22c. DATE SIGNED 7 25 60			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 7-24-1960		23c. NAME OF CEMETERY OR CREMATORY PRAIRIE RIDGE		23d. LOCATION (City, town, or county) (State) 5 MI. W. POLO, MO.	
24. FUNERAL DIRECTOR ADDRESS DeMass CRANKS, CAMERON, MO.				25. DATE RECD. BY LOCAL REG. July 23 1960		26. REGISTRAR'S SIGNATURE Francis D. Crawford	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0981 T 030

AUG 31 1960

JUL 19 1962

JUL 27 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 me

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

James Stewart

Licensed Embalmer No. 2533

P. O. Address Cameron

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.