

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. FEB 24 1961 78

6285

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-61-007404
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY WRIGHT				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY WRIGHT					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MTN. GROVE RT. 3		Length of stay in 1b 26 YRS		c. CITY OR TOWN MTN. GROVE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION RT. 3			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RT. 3			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First BEN Middle CARMAN Last _____				4. DATE OF DEATH Month FEB. Day 12 Year 1961					
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4-14-1894	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY SAME		11. BIRTHPLACE (City and state or country) DORA, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME WILLIAM CARMAN			13b. MOTHER'S MAIDEN NAME ELLEN BRUMLEY			14. NAME OF HUSBAND (If wife) FLORENCE CARMAN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W.I			16. SOCIAL SECURITY NO. _____		17. INFORMANT Address FLORENCE CARMAN MTN. GROVE				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Coronary thrombosis								INTERVAL BETWEEN ONSET AND DEATH few days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) _____			DUE TO (c) _____			
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 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 Feb. 10-1961 to Feb. 12-1961 and last saw ^{her} him alive on FEB. 12-1961 Death occurred at 5 A. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE D. W. Lennon M.D. (Degree or title)				22b. ADDRESS Mtn. Grove Mo.				22c. DATE SIGNED 2-13-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2-16-1961	23c. NAME OF CEMETERY OR CREMATORY HILLCREST			23d. LOCATION (City, town, or county) (State) MTN. GROVE MO.			
24. FUNERAL DIRECTOR BARBER ADDRESS MTN. GROVE			25. DATE RECD. BY LOCAL REG. 2-14-1961		26. REGISTRAR'S SIGNATURE Dermer R. Silverman				

FEB 27 1961

AUG 20 1962

Received
2-23-61

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 W. W. Barber

Licensed Embalmer No. 3848

P. O. Address Montgomery, Ala.

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.