

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012643
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 386

FILED APR 24 1961

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph	Length of stay in lb 51 hours	c. CITY OR TOWN Liberty	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Methodist Hosp.		d. STREET ADDRESS (If outside, give location) 404 So. Water St.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last HARMON DUDLEY CARSON			4. DATE OF DEATH Month Day Year April 11 1961		
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 Dec. 15, 1930	9. AGE (last birthday) 30	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Parts Mgr.		10b. KIND OF BUSINESS OR INDUSTRY ✓	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Lonnie Norton Carson		13b. MOTHER'S MAIDEN NAME Lunk		14. NAME OF HUSBAND OR WIFE Nancy Jo Carson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	17. INFORMANT Address Nancy Jo Carson, Liberty, 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) Lacerations brain with cerebral hemorrhage 52 hours		INTERVAL BETWEEN ONSET AND DEATH 52 hours
DUE TO (b) Cerebral concussion, severe		52 hours
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Multiple contusions and abrasions-Shock-2rib fractures		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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Pt. injured in an auto accident
20c. TIME OF INJURY about 8 p.m. April 9, 1961	Single car Ran off road	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway	20f. CITY, TOWN, OR LOCATION near Plattsburg - Clinton -- Mo.	COUNTY STATE
21. I attended the deceased from 4-9-61 to 4-11-61 and last saw her alive on 4-11-61 Death occurred at 12 midnight P m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) Thompson P. Potter M.D.	22b. ADDRESS 731 Faraon Street St. Joseph, 54, Missouri	22c. DATE SIGNED 4-12-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4-13-1961	23c. NAME OF CEMETERY OR CREMATORY Missouri City
23d. LOCATION (City, town, or county) Missouri City Mo.		(State)

24. FUNERAL DIRECTOR ADDRESS Church-Crew Co. Liberty, Mo.	25. DATE RECD. BY LOCAL REG. April 18, 1961	26. REGISTRAR'S SIGNATURE Wm. Clark Goodall
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT
BY AFFIDAVIT OF
E. E. Potter, M.D., M.B.A., CERTIFICATION
ITEM NO. SHOULD READ

APR 25 1961

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 John Semberg

Licensed Embalmer No. 4248

P. O. Address 2121 1/2 St. N. W.

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.