

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013503

AMENDED

Registration District No.

137

Primary Registration District No.

4218

Registrar's No.

122

STATE FILE NUMBER

FILED MAY 15 1961

1. PLACE OF DEATH

a. COUNTY Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN WindsorLength of stay in 1b
1 yr.2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cole

c. CITY OR TOWN Jefferson City

Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Windsor HospitalInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
1302 Moreau DriveReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Charles Carman Carson4. DATE OF DEATH
Month Day Year
May 6, 19615. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
12-24-18729. AGE (last birthday)
88IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Manufacturer10b. KIND OF BUSINESS OR INDUSTRY
Brick & Broom11. BIRTHPLACE (City and state or country)
Reynolds, Indiana12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

William B. Carson

13b. MOTHER'S MAIDEN NAME

Ella Cartmell

14. NAME OF HUSBAND OR WIFE

Hannah Carson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No16. SOCIAL SECURITY NO.
490-09-4540

17. INFORMANT

Address

Miss Ruth Carson, Jefferson City

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

pulmonary embolus

INTERVAL BETWEEN ONSET AND DEATH
1 hr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

minimal dilation necessary

1 day

DUE TO (c)

because of a fall dislocated left shoulder and fractured ribs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

debility from old age

there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in PART I or PART II of item 18.)
Walking to bathroom, slipped and fell20c. TIME OF INJURY
Hour a.m. p.m.
10 5 5 196120d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
nursing home20f. CITY, TOWN, OR LOCATION
Windsor

COUNTY

Henry

STATE

Mo.

21. I attended the deceased from April 1960 to death
Death occurred at 5:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

and last saw her alive on 5-6-61

22a. SIGNATURE

Charles R. Simmons M.D.

(Degree or title)

22b. ADDRESS

114 N. Main Windsor

22c. DATE SIGNED

5-10-61

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

5-9-1961

23c. NAME OF CEMETERY OR CREMATORY

Riverview Cemetery

23d. LOCATION (City, town, or county)

Jefferson City, Missouri

(State)

24. FUNERAL DIRECTOR

Gideon N. Houser, Jefferson City, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

May 13, 1961

26. REGISTRAR'S SIGNATURE

Kildred Biggers

(Licensed Embalmer's Statement on Reverse Side)

MAY 25 1961

DEC 15 1961

FEB 10 1963

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 Ellis M. Houston

Licensed Embalmer No. 3391

P. O. Address Windsor 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.