

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018341  
STATE FILE NUMBER

Registration District No. 227 Primary Registration District No. 3804 Registrar's No. 22

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF  
ITEM NO.

**FILED JUN 12 1961**

1. PLACE OF DEATH a. COUNTY <u>MONROE COUNTY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PALLS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JACKSON TWP. 1 MI. WEST PARIS HIGHWAY 24</u>		c. CITY OR TOWN <u>NEW LONDON</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 MI. WEST OF PARIS, MO</u>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last <u>GEORGE THOMAS CARSTARPHEN</u>		4. DATE OF DEATH Month Day Year <u>MAY 26 1961</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>JAN 14 1912</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER CONSTRUCTION WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>NEW LONDON MISSOURI</u>
13a. FATHER'S NAME <u>E. THOMAS CARSTARPHEN</u>		13b. MOTHER'S MAIDEN NAME <u>VIRGINIA WATSON</u>	14. NAME OF HUSBAND OR WIFE <u>CHRISTINE CARSTARPHEN</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u>		17. INFORMANT Address <u>MRS VIRGINIA CARSTARPHEN NEW LONDON MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for: (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Head and Chest Injury.</u> DUE TO (b) <u>Automobile Accident.</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT</u>
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 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.) <u>Head on Collision of 2 cars.</u>	
20c. TIME OF INJURY Hour a.m. p.m. <u>5-26-61</u>		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.) <u>U.S. Highway 24</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Paris Jackson Township Monroe Missouri</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>about 8:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Russell M. Wilson Coroner</u>		22b. ADDRESS <u>Monroe City Mo</u>	22c. DATE SIGNED <u>5-27-1961</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>MAY 29-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BARKLEY CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>NEW LONDON Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>MEGOWN FUNERAL HOME FRANKFORD MO.</u>		25. DATE RECD. BY LOCAL REG. <u>6-5-61</u>	26. REGISTRAR'S SIGNATURE <u>J. A. Barnett M.D.</u>

JUL 21 1961

MAY 6 1962

APR 19 1962

FEB 15 1962

JUN 14 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 Jose Fields Negron

Licensed Embalmer No. 4292

P.O. Address Frankford Pa.

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.