

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-94 -61-040549
STATE FILE NUMBER

Registration District No. 93 Primary Registration District No. Registrar's No.

FILED NOV 28 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lockwood		c. CITY OR TOWN Everton	
Length of stay in 1b 3 days		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital		d. STREET ADDRESS (If outside, give location) Route #2	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Donnie Eddie Carlock			4. DATE OF DEATH Month Day Year Nov. 22, 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 3-17-1883
9. AGE (last birthday) 78		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 Farm	11. BIRTHPLACE (City and state or country) Dade County, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Asahel Carlock	
13b. MOTHER'S MAIDEN NAME Hattie Cabaniss		13c. NAME OF HUSBAND OR WIFE Rilla Ann Carlock	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Mrs. Rilla A. Carlock; Everton, Mo. Rt #2	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral damage - Cerebral Vasculature DUE TO (b) Trauma - from falling DUE TO (c) down basement stairs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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.) Fall from top of stairs onto cement basement floor.	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 5:00 p.m. 11 1961		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.) Home		20f. CITY, TOWN, OR LOCATION COUNTY STATE Greenfield Mo. 2 miles East	
21. I attended the deceased from 11-20-61 to 11-22-61 and last saw him alive on 11-22-61 Death occurred at 6:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M. Kleber Schwab, M.D.		22b. ADDRESS Greenfield, Mo.	
22c. DATE SIGNED 11-24-61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 25, 1961	23c. NAME OF CEMETERY OR CREMATOR Hampton Cem.	23d. LOCATION (City, town, or county) (State) Dade County, Mo.
24. FUNERAL DIRECTOR ADDRESS J. C. Canada; Greenfield, Mo.		25. DATE RECD. BY LOCAL REG. 11-24-1961	26. REGISTRAR'S SIGNATURE J. C. Canada

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 J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.