

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-045243

Registration District No. 157 Primary Registration District No. 4247 Registrar's No. 260 STATE FILE NUMBER

FILED DEC 27 1961

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jasper		Length of stay in 1b 1 week	c. CITY OR TOWN Jasper R.F.D. 1 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Birt Nursing Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS 6 1/2 mi. SW Golden City Lincoln Twp. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First LILLIE Middle CARSWELL Last CARSWELL			4. DATE OF DEATH Month December Day 18 Year 1961		
5. SEX Female	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 9/26/1887	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Stockdale, Kansas	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME J.W. Davenport		13b. MOTHER'S MAIDEN NAME Alice Davenport		14. NAME OF HUSBAND OR WIFE G.B. Carswell	
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. unknown	17. INFORMANT Address G.B. Carswell, R.1, Jasper, 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) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 9 Months
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 checked="" 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 at death to her and last saw her alive on 12-16-61
Death occurred at approx 5 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W.H. Knott M.D.		(Degree or title)	22b. ADDRESS Jasper, Mo.		22c. DATE SIGNED 12-18-61
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12/20/1961	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery		23d. LOCATION (City, town, or county) (State) Golden City, Mo.	
24. FUNERAL DIRECTOR Phillips Funeral Home, Golden City, Mo. 12-18-61			25. DATE RECD. BY LOCAL REG. 12-18-61		26. REGISTRAR'S SIGNATURE E.H. Clinton

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1921

request

request

x

request R.C.F. I
of m. Golden City
Lincoln Twp.

I week

request

x

First Nursing Home

December 18, 1921

CHAPMAN

WHITE

x

2/22/1897

White

Female

St. Joseph, Kansas

own home

Housewife

G.E. Carwell

Alice Davenport

J. Davenport

G.E. Carwell, R.I., Tabor, Mo.

unknown

no

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 _____



Licensed Embalmer No. 3278

P. O. Address Golden City,

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).
• O • 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.