

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045317

STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 126

FILED DEC 18 1961

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rock Township</u>		c. CITY OR TOWN <u>RURAL</u>	
Length of stay in 1b <u>6 WEEKS</u>		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>FOUR OAKS REST HOME</u>		d. STREET ADDRESS (If outside, give location) <u>NEAR IMPERIAL Mo.</u>	
Inside Limits Yes ☐ No ☐		Reside on Farm Yes ☐ No ☒	

3. NAME OF DECEASED (Type or print) <u>LEE ROY CARNES</u>	4. DATE OF DEATH Month <u>DEC</u> Day <u>10</u> Year <u>1961</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>Sept 6, 1882</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>79</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>SALEM, ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
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13a. FATHER'S NAME <u>UNAVAILABLE</u>	13b. MOTHER'S MAIDEN NAME <u>UNAVAILABLE</u>	14. NAME OF HUSBAND OR WIFE <u>FRANCES E (DECEASED)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>487-38-3192</u>	17. INFORMANT <u>LEROY YUNGBLUTH OSAGE BEACH, Mo.</u>
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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>Cerebral & vascular accident.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>5 hrs</u>
DUE TO (b) <u>Cerebral arterial sclerosis</u>		
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. ☐ Yes ☐ No ☐ Unknown	
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19. 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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20d. 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.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
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21. I attended the deceased from <u>11/1/61</u> to <u>12/10/61</u> and last saw him alive on <u>12/14/61</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Charles Burnside M.D.</u> (Degree or title)	22b. ADDRESS <u>206 W. Argonne Richmond 22</u>	22c. DATE SIGNED <u>12/11/61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	23b. DATE <u>DEC 12, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MISSOURI CREMATORY</u>	23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>
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24. FUNERAL DIRECTOR <u>HEILIGTAG - IMPERIAL, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>12-12-61</u>	26. REGISTRAR'S SIGNATURE <u>Robert E. Bauer</u>
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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 Edward Fendler, Student Embalmer No. 6414

working under my personal supervision.

Student Edward Fendler
Signature of Student Embalmer

Signed Arthur W. Heiligtoy

Licensed Embalmer No. 3872

P. O. Address Imperial 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.