MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035639
STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 351

FILED OCT 1 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0808
2 0808 2
3
4 0
5 1
6
7 0
8 0
9 9
10 0
11
12 1-2
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Bothwell Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pettis
c. CITY OR TOWN Sedalia — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1324 East 5th — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First LOUIS Middle FRANCIS Last CARVER

4. DATE OF DEATH Month Day Year September 27, 1962

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 5/9/1889
9. AGE (last birthday) 73 — 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)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Morgan County, Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Sylvester Carver
13b. MOTHER'S MAIDEN NAME Sarah Jane Young
14. NAME OF HUSBAND OR WIFE Alma Carver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ~~XXXXXXXXXXXXXXXX~~
16. SOCIAL SECURITY NO.
17. INFORMANT Address Mrs. Alma Carver, 1325 East 5th, Sedalia, Mo.

MEDICAL CERTIFICATION

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

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary occlusion	instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary embolism	5 min.
DUE TO (c)	Massive G.I. hemorrhage	4 hrs.

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

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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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

21. I attended the deceased from 2/2/62, to 9/27/62 and last saw ~~her~~ him alive on 9-27-62
Death occurred at 10:30 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. Maunders D.O.
22b. ADDRESS Sedalia, Mo.
22c. DATE SIGNED 9/28/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9/29/62
23c. NAME OF CEMETERY OR CREMATORY Syracuse Cemetery
23d. LOCATION (City, town, or county) (State) Syracuse, Missouri

24. FUNERAL DIRECTOR Duane Evans ADDRESS Sedalia, Mo.
25. DATE RECD. BY LOCAL REG. Sept 29, 1962
26. REGISTRAR'S SIGNATURE Frances Shelby per H. Anderson

(Licensed Embalmer's Statement on Reverse Side)

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 _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 3847

P. O. Address _____

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.