

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037459

STATE FILE NUMBER

Registration District No. 395 Primary Registration District No. 6279 Registrar's No. 29

FILED OCT 1 1962

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Wright</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u> | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Gasconade Township</u> | | Length of stay in 1b <u>7 years</u> | c. CITY OR TOWN <u>Hartville</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 mi. SW Hartville</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (if outside, give location) <u>2 mi. SW Hartville</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Peter</u> Middle <u>Otto</u> Last <u>Carlson</u> | | | 4. DATE OF DEATH Month <u>9</u> Day <u>17</u> Year <u>1962</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>8/17/1876</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>---</u> | 9. AGE (last birthday) <u>86</u> IF UNDER 1 YEAR Months <u>1</u> Days <u>8</u> IF UNDER 24 HR Hours <u>---</u> Min. <u>---</u> |
| 11a. FATHER'S NAME <u>Gustaf Carlson</u> | | 11b. MOTHER'S MAIDEN NAME <u>Christina Swenson</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
| 13a. FATHER'S NAME <u>Gustaf Carlson</u> | | 14. NAME OF HUSBAND OR WIFE <u>Susie Ethel (Deceased)</u> | |
| 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>none</u> | 17. INFORMANT <u>Alma Wakefield, Hartville, Missouri</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>Cardiac Insufficiency</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cardio-Vascular - Renal disease</u> DUE TO (c) <u>---</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>2-mo</u> <u>years</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 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 <u>---</u> a.m. <u>---</u> 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 <u>---</u> STATE <u>---</u> |
| 21. I attended the deceased from <u>March 15 1960</u> to <u>Sept 17 1962</u> and last saw him alive on <u>Sept 17 1962</u> . Death occurred at <u>3:00 P</u> m of the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>H. E. Northey, M.D.</u> (Degree or title) | | 22b. ADDRESS <u>Hartville Mo.</u> | 22c. DATE SIGNED <u>9-18-62</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>9/19/1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Thomas Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Wright County, Missouri</u> (State) |
| 24. FUNERAL DIRECTOR <u>Bergman-Miller-Bledsoe, Hartville, Mo.</u> ADDRESS | | 25. DATE RECD. BY LOCAL REG. <u>9-28-1962</u> | 26. REGISTRAR'S SIGNATURE <u>Bonnie J. Jones</u> |

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 Max L Miller

Licensed Embalmer No. 4720

P. O. Address Manfield 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.