MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027870
STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. 4194 Registrar's No. 75

FILED AUG 6 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0380
2 0380
3 2
4 0
5 1
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13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Gentry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Albany — Length of stay in 1b: lifetime
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Gentry County Memorial Hospital — Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Gentry
c. CITY OR TOWN: Albany — Inside Limits: Yes XX No ☐
d. STREET ADDRESS (If outside, give location): 405 W. Jefferson — Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First: GEORGE Middle: Daniel Last: CARLOCK

4. DATE OF DEATH: Month: August Day: 2 Year: 1963

5. SEX: male

6. COLOR OR RACE: white

7. Married XX Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 8/29/197

9. AGE (last birthday): 65 — 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): rural mail carrier (ret)

10b. KIND OF BUSINESS OR INDUSTRY: civil service

11. BIRTHPLACE (City and state or country): Gentry County, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Matthew Carlock

13b. MOTHER'S MAIDEN NAME: Rachel Barnett

14. NAME OF HUSBAND OR WIFE: Alpha Jennings Carlock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If yes, give war or dates of servi

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. George Carlock Address: Albany, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 3 days
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO XX

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 9/1/62 to 8/2/63 and last saw ~~her~~ him alive on 8/2/63
Death occurred at 1:53 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Bernie Parsons (Degree or title) M.D.

22b. ADDRESS Albany, Mo.

22c. DATE SIGNED 8/3/63

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: Aug 6, 1963

23c. NAME OF CEMETERY OR CREMATORY: Grandview

23d. LOCATION (City, town, or county) (State): Albany, Missouri

24. FUNERAL DIRECTOR ADDRESS: Brooks-Cochell Funeral Home Albany, Mo.

25. DATE RECD. BY LOCAL REG.: 8-3-'63

26. REGISTRAR'S SIGNATURE: Mrs. L. W. Barg

(Licensed Embalmer's Statement on Reverse Side)

rec'd 8-3-63

AUG 16 1963

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 me, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald E. Cockrell

Licensed Embalmer No. 4868

P. O. Address Albany, 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.