

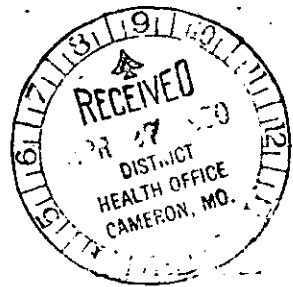
FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 12440
Registrar's No. 25

BIRTH NO.		REG. DIST. NO. 99		PRIMARY REG. DIST. NO. 4166		Registrar's No. 25	
1. PLACE OF DEATH a. COUNTY DeKalb				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY DeKalb			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weatherby				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weatherby			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) Minnie		a. (First) Pearl		c. (Last) Carson		4. DATE OF DEATH (Month) (Day) (Year) March 30-1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 11-12-1887	
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months 4 Days 18		IF UNDER 1 MRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Mo,		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Mary Bradford		14. NAME OF HUSBAND OR WIFE Alex Carson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME		ADDRESS	
				Melvin Carson		Mayaville Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 10 days 4 1/2 years 331X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1945-1950, 10-3-20, 1950, that I last saw the deceased alive on 3-29-1950, and that death occurred at 8:52 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Fred K. Williams (Degree or title)				23b. ADDRESS Winston Mo		23c. DATE SIGNED 4-1-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-1-50		24c. NAME OF CEMETERY OR CREMATORY Christian Chappel		24d. LOCATION (City, town, or county) (State) Weatherby Mo.	
DATE REC'D BY LOCAL REG. 4-16-60		REGISTRAR'S SIGNATURE Oscar Davidson		5. FUNERAL DIRECTOR'S SIGNATURE John Brann		ADDRESS Mayaville Mo.	
(Licensed Embalmer's Statement on Reverse Side)							

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

MAY 5 1950



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.

Signed.....
Student Embalmer

Signed

John Brown

Licensed Embalmer No. 3933

P. O. Address

Weymerville, 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 this body is not embalmed, fact should be so stated above.