

FILED OCT 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35939**

BIRTH NO.		REG. DIST. NO. 137	PRIMARY REG. DIST. NO. 5513	Registrar's No. 47
1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Henry		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEESVILLE TWP	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEESVILLE TWP		
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) 0430		
3. NAME OF DECEASED (Type or Print), a. (First) HOMER b. (Middle) W. c. (Last) CARLETON		4. DATE OF DEATH (Month) (Day) (Year) Oct 22 1950		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG 19 1891	9. AGE (In years last birthday) 59 IF UNDER 1 YEAR Months 2 Days 3 IF UNDER 48 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY GROCERY	11. BIRTHPLACE (State or foreign country) LEESVILLE	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JOHN F CARLETON		13b. MOTHER'S MAIDEN NAME MARY HELEN MILLER	14. NAME OF HUSBAND OR WIFE ADA CARLETON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 0		16. SOCIAL SECURITY NO. 0	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS ADA Carleton Clinton 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) Shock following hemorrhage. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Spasmodic carcinoma of DUE TO (c) larynx, pharynx, neck, throat. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2 days. 2 1/2 yrs. 199A
19a. DATE OF OPERATION Dec 1949	19b. MAJOR FINDINGS OF OPERATION Carcinoma of neck extending into mouth.		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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 5-27 , 194 9 , to 10-22 , 195 0 , that I last saw the deceased alive on 10-21 , 195 0 , and that death occurred at 5:15 AM. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) L.R. O'Neill M.D.		23b. ADDRESS Sedalia, Missouri	23c. DATE SIGNED 10-23-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10/24/50	24c. NAME OF CEMETERY OR CREMATORY TEBO CEMETERY	24d. LOCATION (City, town, or county) (State) NEAR LEESVILLE MO	
DATE REC'D BY LOCAL REG. Oct-24-50	REGISTRAR'S SIGNATURE Florence Adams	25. FUNERAL DIRECTOR'S SIGNATURE J.E. Lonsdale	ADDRESS Clinton MO	

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

0430

RECEIVED 10/3/50

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 10/3/50

10/3/50

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
Student Embalmer

Signed *J E Consalvo*

Licensed Embalmer No. 1891

P. O. Address *Clinton*

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.