

FILED FEB 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1974

BIRTH NO. REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 5825 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Risco		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Parma	
c. LENGTH OF STAY (in this place) 10 days		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			
3. NAME OF DECEASED (Type or Print) a. (First) Monroe		b. (Middle) Carlisle	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Jan. 27 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Apr. 11, 1860
9. AGE (in years last birthday) 88	IF UNDER 1 YEAR Months 9 Days 16	IF UNDER 24 HRS. Hours 16 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John Carlisle		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Wife Dead			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME John Carlisle		ADDRESS George Carlisle Risco, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis - ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Severe Case of flu Cold 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 2 yrs 1 week			
19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4222	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) None	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 Jan 20, 1949 , to Jan 27, 1949 , that I last saw the deceased alive on Jan 27, 1949 , and that death occurred at 5:30 A.M. from the causes and on the date stated above.			
23a. SIGNATURE (Signature or Title) J. Carlisle, D.O.		23b. ADDRESS Malden	
23c. DATE SIGNED Feb-1-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 29, 1949	24c. NAME OF CEMETERY OR CREMATORY Malden	24d. LOCATION (City, town, or county) (State) Malden Mo.
DATE REC'D BY LOCAL REG Feb. 1, 1949	REGISTRAR'S SIGNATURE Dr. Geo. W. Anderson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Funeral Service, Parma, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

RECEIVED

District Health Office No. 2,

District File Number 249-816

Date Filed 2-7-47

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 Lynnard Steele

Signed.....
Student Embalmer

Licensed Embalmer No. 2476

P. O. Address Nexter 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.