

FILED SEP 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29862

9-15-50

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4154 Registrar's No. 144

290

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

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenfield Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenfield Mo	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 507 College ST	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) ISAAC		b. (Middle) F.		c. (Last) CARLOCK		4. DATE OF DEATH (Month) Sept (Day) 8 (Year) 50	
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MARCH 3, 1860	
9. AGE (In years last birthday) 90		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A	

13a. FATHER'S NAME Isaac F. Carlock		13b. MOTHER'S MAIDEN NAME Susie Wheeler		14. NAME OF HUSBAND OR WIFE MARV E CARLOCK	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME FEAN CARLOCK, Greenfield, 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) Apoplexy		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		334X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 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 **9-1-1950**, to **9-8-1950**, that I last saw the deceased alive on **9-7-1950**, and that death occurred at **7:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Hococuan M.D. Greenfield Mo		23b. ADDRESS Greenfield Mo		23c. DATE SIGNED 9-14-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 10, 1950		24c. NAME OF CEMETERY OR CREMATORY Hampton Cemetery Near Everton, Mo	
24d. LOCATION (City, town, or county) (State)		24e. FUNERAL DIRECTOR'S SIGNATURE J. C. Canada		24f. ADDRESS Greenfield, Mo	

DATE REC'D BY LOCAL REG. 9-14-50		REGISTRAR'S SIGNATURE Geo. Miller		FUNERAL DIRECTOR'S SIGNATURE J. C. Canada		ADDRESS Greenfield, Mo	
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED SEP 18 1950

Dist. File 950-1942

Date Filed 9/23/50

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. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.