No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29811

FILED OCT 10 1951

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 253

1. PLACE OF DEATH
a. COUNTY: COLE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON CITY
c. LENGTH OF STAY (In this place): 10 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): C.E. STILL OSTEOPATHIC

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: SHANNON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WINONA
d. STREET ADDRESS (If rural, give location): RURAL - RT #1

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): ALEXANDER
c. (Last): CARNES

4. DATE OF DEATH (Month) (Day) (Year): Oct. 1, 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: NOV 17-1889
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months 10, Days 14 — IF UNDER 1 HR.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED MEAT-INSP.
10b. KIND OF BUSINESS OR INDUSTRY: ~~[illegible]~~
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: WILLIAM CARNES
13b. MOTHER'S MAIDEN NAME: JANE LO LOPEMAN
14. NAME OF HUSBAND OR WIFE: MARY E CARNES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): 1ST W.W.
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: CARL CARNES — ADDRESS: 6711 S. BROADWAY ST. LOUIS MO.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION
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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CONGESTIVE HEART FAILURE — 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): 4341

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. PROSTATIC SURGERY

19a. DATE OF OPERATION: 9/24/51
19b. MAJOR FINDINGS OF OPERATION: HYPERTROPHY OF PROSTATE GLAND
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9/20, 1951, *to* 10/1, 1951, *that I last saw the deceased alive on* 10/1, 1951, *and that death occurred at* 1:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. A. Michael DO
23b. ADDRESS: Jefferson City
23c. DATE SIGNED: 10/1/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 4 1951
24c. NAME OF CEMETERY OR CREMATORY: Winona Cemetery
24d. LOCATION (City, town, or county) (State): Winona, Mo

DATE REC'D BY LOCAL REG.: Oct 2-1951
REGISTRAR'S SIGNATURE: R. P. Davis MD MR 68
25. FUNERAL DIRECTOR'S SIGNATURE: Victor Buesche
ADDRESS: Jefferson City Mo

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 28 1951

RECEIVED 10-8-51
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 10-9-51

MAY 10

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 Victor Buesacher

Licensed Embalmer No. 3701

P. O. Address Jefferson City 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.