

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 4 1951

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY <u>Macon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>La Plata</u> b. COUNTY <u>Macon</u>		
b. CITY OR TOWN <u>Macon</u>		c. LENGTH OF STAY (In this place) <u>4 days</u>	c. CITY OR TOWN <u>Rural</u>		d. STREET ADDRESS (If rural, give location) <u>La Plata Township</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sawston Hospital</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 21 1951</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>William DeWigo</u>		b. (Middle) <u>Carnahan</u>	c. (Last) <u>Carnahan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 21 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 5 1871</u>	9. AGE (In years last birthday) <u>80</u>	10. IF UNDER 1 YEAR <u>2</u> MONTHS <u>16</u> DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Atlanta Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Carnahan</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Hardgrove</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Carnahan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ada Carnahan</u> ADDRESS <u>Macon Mo</u>		

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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>			DUE TO (b) <u>Fracture of hip</u>			5 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) <u>age - Spinal Path. type unknown</u>			E 9030
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						20
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		061
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Macon Macon Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 17, 1951 5:00 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Lost balance while turning light on</u>				
22. I hereby certify that I attended the deceased from <u>17 Nov</u> , 1951, to <u>21 Nov</u> , 1951, that I last saw the deceased alive on <u>21 Nov</u> , 1951, and that death occurred at <u>11:30 P m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>Donald S. Eggleston</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Macon Mo</u>		23c. DATE SIGNED <u>22 Nov 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 24 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>La Plata Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>La Plata Mo</u>			
DATE REC'D BY LOCAL REG. <u>11/24/51</u>	REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ambsodding</u> ADDRESS <u>Atlanta Mo</u>			

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

JAN 31 1956

RECEIVED 11-28-51  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 12-51-193  
Date Filed 12-3-51

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Charles L. Hutton*

Licensed Embalmer No. *4577*

P. O. Address *Macon, 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.