

FILED JUL 14 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19946

BIRTH NO. _____		REG. DIST. NO. <u>93</u>		PRIMARY REG. DIST. NO. <u>4155</u>		Registrar's No. <u>55</u>			
1. PLACE OF DEATH a. COUNTY <u>DADE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>DADE</u>					
b. CITY OR TOWN <u>EVERTON</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>EVERTON</u>		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESIDENCE</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u>			b. (Middle) <u>(NONE)</u>		c. (Last) <u>CARLOCK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 6 1952</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>APRIL 1-1868</u>		9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (State or foreign country) <u>EVERTON - MO</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ISAAC CARLOCK</u>			13b. MOTHER'S MAIDEN NAME <u>SARAH WHEELER</u>			14. NAME OF HUSBAND OR WIFE <u>BELLE CARLOCK</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>BELLE CARLOCK</u> ADDRESS <u>EVERTON - MO</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CIRCUATORY FAILURE</u>							
		*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.							
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>MYO CARDIAL HEART DISEASE</u> DUE TO (c) <u>ARTERIO - SCLEROSIS (Myocardial interaction)</u>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
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) (Min.)		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 <u>4-15</u> , 19 <u>52</u> , to <u>7-6</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>7-3</u> , 19 <u>52</u> , and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>A. F. Stang, DO 2</u>				23b. ADDRESS <u>Ash Grove - Mo</u>			23c. DATE SIGNED <u>7/7/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-9-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sinking Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>EVERTON MO</u>				
DATE REC'D BY LOCAL REG. <u>7-9-52</u>		REGISTRAR'S SIGNATURE <u>Geo. L. Wertz, J. C. (Canada)</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Brim - Daniel Ash Grove - Mo</u> ADDRESS				

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

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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 \_\_\_\_\_

*Loyle L. Samuel*

Licensed Embalmer No. 4702

Signed.....

Student Embalmer

P. O. Address 246 Groves - 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.