16.300
10.48

FILED JUN 6 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18748

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY: Mississippi	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Missouri b. COUNTY: Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Charleston c. LENGTH OF STAY (in this place): 41 Years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Charleston 0672
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence, 208 N. Virginia St.	d. STREET ADDRESS (If rural, give location): 208 N. Virginia St. 0

3. NAME OF DECEASED (Type or Print)	a. (First): Ralph	b. (Middle): -----	c. (Last): Carson	4. DATE OF DEATH (Month) (Day) (Year): May, 31, 1953
5. SEX: Male 0	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1	8. DATE OF BIRTH: Dec. 20, 1892	9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grain Dealer	10b. KIND OF BUSINESS OR INDUSTRY: Grain Dealer	11. BIRTHPLACE (State or foreign country): Desoto, Mo. 0	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME: William Virgil Carson	13b. MOTHER'S MAIDEN NAME: Emma Kiefer	14. NAME OF HUSBAND OR WIFE: Geraldine Howlett Carson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME: Jack Carson, Charleston, Mo.	ADDRESS	

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Carcinoma of nose (Primary)	1 yr +
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.*	Metastasis to (neck) glands	2 mo

19a. DATE OF OPERATION: May 1953	19b. MAJOR FINDINGS OF OPERATION: Ca - Metastatic 160 X	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* 5/3, 1952, *to* 5/31, 1953, *that I last saw the deceased alive on* 5/31, 1953, *and that death occurred at* 11:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 0 (Degree or title): M.D.	23b. ADDRESS: Charleston Mo	23c. DATE SIGNED: 6-1-53
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 6/2/53	24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery.
24d. LOCATION (City, town, or county) (State): Charleston, Mo.		
DATE REC'D BY LOCAL REG.: 6-4-53	REGISTRAR'S SIGNATURE: [signature] 480	25. FUNERAL DIRECTOR'S SIGNATURE: [signature] ADDRESS: The Munnelee Funeral Chapel, Charleston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 5 REC'D

RECEIVED
Miss. Co. Health De
County File No.
Date Filed JUN 5

FEB 17 1954

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 Edward E. Hummel
Licensed Embalmer No. 4164
P. O. Address Charleston, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.