

THE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 4 - 1953

BIRTH NO. 91 REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 131

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington Twp</u> OR TOWN <u>Stay (in this place)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Barry</u> <u>050</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp #NEVADA</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Wm.</u> b. (Middle) <u>SHERMAN</u> c. (Last) <u>CARLIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 25-1953</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar-1-1865</u>	9. AGE (In years last birthday) <u>88</u> Months <u>4</u> Year Days <u>24</u> Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General retail mch.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mo -</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>MARSHAL CARLIN</u>	13b. MOTHER'S MAIDEN NAME <u>NANCY HADDOCK</u>	14. NAME OF HUSBAND OR WIFE <u>RILDA CARLIN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk</u>	16. SOCIAL SECURITY NO. <u>unk</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wm. H. Keast</u> ADDRESS <u>Records, Nevada</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Smoking</u>		<u>unk</u>
	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. <u>psychotic - 794x</u>			<u>unk</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR _____
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22. I hereby certify that I attended the deceased from July 17, 1953, to July 25, 1953, that I last saw the deceased alive on July 23, 1953, and that death occurred at 10:00P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. H. Keast</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Nevada Mo</u>	23c. DATE SIGNED <u>July 25-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 27-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Barry Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Barry Missouri</u>
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DATE REC'D BY LOCAL REG. <u>7-30-53</u>	REGISTRAR'S SIGNATURE <u>Uma E. Ferry</u>	451	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bennett-Washington</u> ADDRESS <u>Monett Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

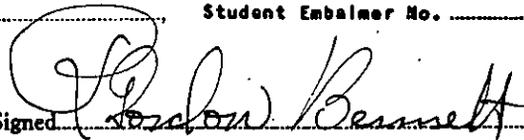
Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

 Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Monett, 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.