

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **30585**

FILED AUG 25 1953

BIRTH NO. \_\_\_\_\_

REG. DIST. NO. 317PRIMARY REG. DIST. NO. 54Registrar's No. 2202**1. PLACE OF DEATH**a. COUNTY St Louisb. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Claytonc. LENGTH OF STAY (in this place) 2 days**2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)**a. STATE Missourib. COUNTY St Louisc. CITY OR TOWN Kimlochd. Is Residence within limits of a city or incorporated town? Yes  No d. FULL NAME OF HOSPITAL OR INSTITUTION Scholar Co Hospe. STREET ADDRESS (If rural, give location) 1057 Warwick 4091**3. NAME OF DECEASED (Type or Print)**a. (First) PEARLb. (Middle) Carsonc. (Last) Alias (EASLEY)4. DATE OF DEATH (Month) (Day) (Year) Aug. 10, 1953**5. SEX**Female**6. COLOR OR RACE**Col7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married**8. DATE OF BIRTH**Feb 19039. AGE (In years) (If under 1 year last birthday) (If under 12 hrs. Hours) (Min.) 5010a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife10b. KIND OF BUSINESS OR INDUSTRY Own home11. BIRTHPLACE (City and State or Foreign Country) Rawleigh Tenn12. CITIZEN OF WHAT COUNTRY? U.S.A.**13a. FATHER'S NAME**Paul Rhodes**13b. MOTHER'S MAIDEN NAME**Sallie Blair**14. NAME OF HUSBAND OR WIFE**Joe Carson15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No16. SOCIAL SECURITY NO. None17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joe Carson & Kimloch Mo**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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebro-Vascular hemorrhage

## ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio-Vascular disease

DUE TO (c) \_\_\_\_\_

## II. OTHER SIGNIFICANT CONDITIONS

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

INTERVAL BETWEEN ONSET AND DEATH 36 hours

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES  NO 443X

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  NOT WHILE AT WORK 

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-8, 1953, to 8-10, 1953, that I last saw the deceased alive on 8-10, 1953, and that death occurred at 9:55A m., from the causes and on the date stated above.**23a. SIGNATURE**Victor Jones, M.D.

(Degree or title)

**23b. ADDRESS**16015 Brentwood23c. DATE SIGNED 8-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE 8/12/93

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) Rawleigh, TennDATE REC'D BY LOCAL REG. 8-10-53REGISTRAR'S SIGNATURE Herbert R. Dombrowski25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W Boyd Bros, Kimloch, Mo

WRITE PLAINLY—USING UNFADEING 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.....  
Signature of Student Embalmer

Signed *Edward A. Flynn*.....

Licensed Embalmer No. *4479*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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