No. 300
10.48

GILLESPIE FUNERAL HOME

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43835

FILED DEC 21 1953

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO 3052 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sedalia
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 320 East Howard, St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sedalia 0804 0
d. STREET ADDRESS (If rural, give location) 320 East Howard, St.

3. NAME OF DECEASED (Type or Print)
a. (First) JAMES
b. (Middle) S.
c. (Last) CARNES

4. DATE OF DEATH (Month) (Day) (Year) December 7, 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 14, 1915
9. AGE (In years last birthday) 38 | 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) Painter
10b. KIND OF BUSINESS OR INDUSTRY Manufacturing
11. BIRTHPLACE (City and State or Foreign Country) Richland, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Thomas H. Carnes
13b. MOTHER'S MAIDEN NAME Bertha Ann Traw
14. NAME OF HUSBAND OR WIFE Mrs. Neva L. Carnes
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 ADDRESS Thomas H. Carnes, Richland, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide with firearms — INTERVAL BETWEEN ONSET AND DEATH

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION E976 X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) SUICIDE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) Sedalia (COUNTY) Pettis (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 7 1953 8:05 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I ~~attended~~ viewed the deceased ~~from~~* Dec 8 Corner, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 8:05A *m., from the causes and on the date stated above.*

23a. SIGNATURE Chas. Barlow Stenfiehe MD
(Degree or title)
23b. ADDRESS Corner, Pettis County
23c. DATE SIGNED 12-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12/9/1953
24c. NAME OF CEMETERY OR CREMATORY Clover Chapel Cem.
24d. LOCATION (City, town, or county) (State) Camden County, Mo.

DATE REC'D BY LOCAL REG. 12/12/1953
REGISTRAR'S SIGNATURE W. J. Campbell MD 251-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. W. Beckart Sedalia Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Russell C. Maag

Licensed Embalmer No. 4809

P. O. Address Sedalia, 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.