

STANDARD CERTIFICATE OF DEATH

4681

State File No. ....

FILED MAR 8 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5551 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Moore</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u>	
c. LENGTH OF STAY (In this place) <u>10 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Root</u> b. (Middle) <u>Harlan</u> c. (Last) <u>Carsel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-11-54</u>	
5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>m</u>	8. DATE OF BIRTH <u>12-10-1878</u>
9. AGE (In years) Last birthday Month Day <u>75</u> <u>2</u> <u>7</u>		10. IF UNDER 14 RES. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	
11. BIRTHPLACE (State or foreign country) <u>Wayson Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Richard Carsel</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Yates</u>	
14. NAME OF HUSBAND OR WIFE <u>Wesley Carsel</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Wesley Carsel, West Plains, Mo</u>		ADDRESS <u>no</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF Stomach</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>CACHEXIA 151X</u>	
19a. DATE OF OPERATION <u>Nov 1953</u>		19b. MAJOR FINDINGS OF OPERATION <u>CARCINOMA Stomach</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>---</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>---</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>---</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>---</u>			
22. I hereby certify that I attended the deceased from <u>2-11</u> of <u>1954</u> , to <u>2-11</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>2-11</u> , 19 <u>54</u> , and that death occurred at <u>7:25</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Jack P. Wiley, M.D., West Plains, Mo</u>		23b. ADDRESS <u>---</u>	
23c. DATE SIGNED <u>2-23-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>---</u>		24b. DATE <u>2-13-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>		24d. LOCATION (City, town or county) (State) <u>West Plains Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-3-54</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	
379-0		FURNERAL DIRECTOR'S SIGNATURE <u>Robertson West Plains Mo</u>	

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

*D. A. Roberts*

Licensed Embalmer No. *3437*

P. O. Address *West Haven*

**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.