

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11737**  
**443**

FILED MAY 10 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY **Greene**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri** b. COUNTY **Greene**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Springfield**

c. CITY OR TOWN **Springfield**

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. John's Hospital**

e. STREET ADDRESS (If rural, give location) **1059 S. Pickwick** **03960**

3. NAME OF DECEASED (Type or Print)  
a. (First) **JOHN** b. (Middle) **MAXWELL** c. (Last) **CARNAHAN' Sr.**

4. DATE OF DEATH (Month) (Day) (Year)  
**May 3, 1954**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **7 June 1877**

9. AGE (In years last birthday) **76**

f. UNDER 1 YEAR Months Days g. UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Attorney**

10b. KIND OF BUSINESS OR INDUSTRY **Law**

11. BIRTHPLACE (City and State or Foreign Country) **Missouri**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Thomas Carnahan**

13b. MOTHER'S MAIDEN NAME **Julia Ann Leach**

14. NAME OF HUSBAND OR WIFE **Viola Carnahan**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) **No**

16. SOCIAL SECURITY NO. **Not known**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Viola Carnahan Springfield, 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Liver failure**  
ANTECEDENT CAUSES  
DUE TO (b) **Hypertensive adenocarcinoma**  
DUE TO (c) **Primary Ca of Pancreas Unknown**  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
**3 mo**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **157 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)  
**Springfield Greene, Mo.**

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 **Nov 21, 1950** to **May 3, 1954**, that I last saw the deceased alive on **May 3, 1954**, and that death occurred at **9:30P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Ed Selvey M.D.**

23b. ADDRESS **Rm 609 Cherry Springfield, Missouri**

23c. DATE SIGNED **May 4 1954**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **5-5-54**

24c. NAME OF CEMETERY OR CREMATORY **Maple Park Cemetery**

24d. LOCATION (City, town, or county) (State) **Springfield, Missouri**

DATE REC'D BY LOCAL REG. **5-5-54**

REGISTRAR'S SIGNATURE **Edith Walker**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **J.W. KLINGNER & CO. Springfield, Mo**

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

1954

JUN 3 1954

JUN 30 1954

MAY 20

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 *Max Rhodes*

Licensed Embalmer No. *40*

P. O. Address *Springfield*

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.