

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

State File No. **16605**

FILED JUN 15 1954

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 3042 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>FREDERICKTOWN</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>FREDERICKTOWN</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>308 ALBERT</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLEY</u> b. (Middle) <u>(NONE)</u> c. (Last) <u>CARLTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 6 1954</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>MAY 10 1878</u>		9. AGE (In years last birthday) <u>76</u>		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 24 HRS Hours Min.		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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>FARMING</u>			

13a. FATHER'S NAME <u>JOHN CARLTON</u>		13b. MOTHER'S MAIDEN NAME <u>JANE BURNS</u>		14. NAME OF HUSBAND OR WIFE <u>JULIA CARLTON</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John F. Carlton</u> ADDRESS <u>4146 DELMAR ST. LOUIS</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, asphyxia, 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>Coronary occlusion</u>		DUPLICATE					
ANTECEDENT CAUSES		DUPLICATE					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>arteriosclerosis</u>					
		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				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)	
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?	

22. I hereby certify that I attended the deceased from 6/21, 1952, to 6/6, 1954, that I last saw the deceased alive on _____, 19____, and that death occurred at 3 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Geo. W. Johnson, D.O.</u>		23b. ADDRESS <u>Fredricktown Mo</u>		23c. DATE SIGNED <u>6/8/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-8-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>REVELLE</u>		24d. LOCATION (City, town, or county) (State) <u>FREDERICKTOWN MO</u>	
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DATE REC'D BY LOCAL REG. <u>6-8-54</u>		REGISTRAR'S SIGNATURE <u>Therence Tucker</u>		FEDERAL DIRECTOR'S SIGNATURE <u>W. A. Adams</u> ADDRESS <u>Fredricktown Mo.</u>	
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No. 300 10.48 0621 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATE OF ILLINOIS
DEPARTMENT OF HEALTH
654-34

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. 499

working under my personal supervision.

Student Non G James
Student Embalmer

Signed Raymond Wilson

Licensed Embalmer No. 4884

P. O. Address Fredrickton, 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.