

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17044

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 133

0942

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

1. PLACE OF DEATH a. COUNTY <u>St. Francis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flat River</u>	c. LENGTH OF STAY (In this place) <u>1 month</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mill Spring</u> <u>110</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle)	c. (Last) <u>CARSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 11 1954</u>
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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>Sept 28, 1878</u>	9. AGE (In years last birthday) <u>75</u>	10. UNDER 1 YEAR (Days) <u>7</u>	11. UNDER 12 HRS. (Hours) <u>13</u>	12. UNDER 1 MIN. (Mins.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mill Spring, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	

13a. FATHER'S NAME <u>William Carson</u>	13b. MOTHER'S MAIDEN NAME <u>Hattie Valentine</u>	14. NAME OF HUSBAND OR WIFE <u>Freda Szwed</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. (If res. give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Opal Jones</u>	ADDRESS <u>Mill Spring, Mo</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastric hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown cause</u>		
	DUE TO (c) <u>Cerebral hemorrhage</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>6 yr</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7845</u>	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) (Min.)	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 5-10, 1954 to 5-11, 1954 that I last saw the deceased alive on 5-10, 1954 and that death occurred at 3:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. E. Carleton</u>	23b. ADDRESS <u>Farmington, Mo</u>	23c. DATE SIGNED <u>5-14-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-13-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carson Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Mill Spring, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 15, 1954</u>	REGISTRAR'S SIGNATURE <u>Ethel Redloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman W. Bush</u>	ADDRESS <u>Farmington, Mo</u>
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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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Mervin E. Bowler

Licensed Embalmer No. _____

P. O. Address *Detroit, Mich*

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.