FILED JUN 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19771

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5837 Registrar's No. 56

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): West Benton Township
c. LENGTH OF STAY (in this place): 18 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.S. Army Hosp Cp Crowder Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin 0495 1
d. STREET ADDRESS (If rural, give location): 2225 Harlem Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): CARL
b. (Middle): E
c. (Last): CARMODY

4. DATE OF DEATH (Month) (Day) (Year): June 11 1954

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married 0

8. DATE OF BIRTH: 25 January 1923

9. AGE (In years at last birthday): 31
IF UNDER 1 YEAR: Months 4 Days 17
IF UNDER 24 HRS.: Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Store

11. BIRTHPLACE (State or foreign country): Carthage, Missouri

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Clara Blaize

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): 26 October 1950

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: Clark M. Hensley
ADDRESS: Joplin, 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) Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: 20 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mural Thrombus, Right Ventircle
DUE TO (c) None other

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None other

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None 4201

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): None

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?: None

22. *I hereby certify that I attended the deceased from* 11 June, 1954, *to* 11 June, 1954, *that I last saw the deceased alive on* 11 June, 1954, *and that death occurred at* 6:20 p m., *from the causes and on the date stated above.*

23a. SIGNATURE William L. Strecker
(Degree or title): WILLIAM L. STRECKER, Captain, MC 0

23b. ADDRESS: 707 Park Street, Neosho, Missouri

23c. DATE SIGNED: 11 June 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

24b. DATE: 6-12-1954

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): CARTHAGE MISSOURI

DATE REC'D BY LOCAL REG.: 6-14-54

REGISTRAR'S SIGNATURE: Melvin C. Bowman 223-0

25. FUNERAL DIRECTOR'S SIGNATURE: Corley Thompson L.
ADDRESS: Neosho Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 654-103

Date Filed JUN 25 1954

NEOSHO, MISSOURI

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 Ray P Nelson

Licensed Embalmer No. 4928

P. O. Address Neosho Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.