

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22939

State File No. _____

FILED AUG 10 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2996

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>27 YEARS</u>		e. STREET ADDRESS (If rural, give location) <u>ART. 5 45 907 EAST 30th STREET 3488</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RALPHS SANITARIUM</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARENCE</u> b. (Middle) <u>VICTOR</u> c. (Last) <u>CARLSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 29, 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>SEPT. 8, 1900</u>
9. AGE (In years last birthday) <u>53</u>		10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>LOST ACCOUNTANT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SNEFFIELD STEEL</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>ROCK ISLAND ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>CHARLES J. CARLSON</u>	13b. MOTHER'S MAIDEN NAME <u>MATILDA</u>	14. NAME OF HUSBAND OR WIFE <u>CAROLYN V. CARLSON</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>487-10-0149</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. CAROLYN V. CARLSON</u> ADDRESS <u>907 EAST 30th ST. KANSAS CITY, MO.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heat Stroke</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Weather -</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>General debility</u>		INTERVAL BETWEEN ONSET AND DEATH <u>E 9319</u> <u>47</u>
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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) <u>123</u>
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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?
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22. I hereby certify that I attended the deceased from 6/28, 1954, to 6/29, 1954 that I last saw the deceased alive on 6/29, 1954, and that death occurred at 11:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ralph E. Duncan</u> (Type or Print) <u>Ralph E. Duncan</u>	23b. ADDRESS <u>529 Highland Ave KC Mo</u>	23c. DATE SIGNED <u>6/30/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JULY-1-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PARK CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>CARTHAGE MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>7-1-54</u>	REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>N. A. Neocomer</u> ADDRESS <u>1331 BRUSH CREEK</u>
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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.....
Signature of Student Embalmer

Signed *Richard L. Rogers*.....

Licensed Embalmer No. *498*.....

P. O. Address *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.