No. 300
10.48

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3950

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 226

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1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2117 Lovers Lane

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 2117 Lovers Lane 0117 0

3. NAME OF DECEASED (Type or Print): a. (First) Horace b. (Middle) Woodward c. (Last) Carle
4. DATE OF DEATH (Month) (Day) (Year): February 24, 1955
5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: December 24, 1915
9. AGE (In years last birthday): 39 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MD Heart Specialist
10b. KIND OF BUSINESS OR INDUSTRY: & Internal Medicine
11. BIRTHPLACE (City and State or Foreign Country): St. Joseph, Missouri. 0
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Horace W. Carle
13b. MOTHER'S MAIDEN NAME: Charla Agnes Wahl
14. NAME OF HUSBAND OR WIFE: Rachel Ann Carle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 2 (If yes, give war or dates of service): WW # 2
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Rachel A. Carle ADDRESS: St. Joseph, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) —

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 4201
20. AUTOPSY? YES [ ] NO [X]

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) 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* 1:00 AM. 24 Feb. 1955, 19__, 19__, *that I last saw the deceased alive on* 24 Feb, 1955, *and that death occurred at* 1:30 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: Willis C. McDonald (Degree or title) M.D.
23b. ADDRESS: 301 N. 8th St., City.
23c. DATE SIGNED: 25 Feb '55

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation Burial
24b. DATE: Feb. 28, 1955
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph, Missouri.

DATE REC'D BY LOCAL REG.: Mar. 1, 1955
REGISTRAR'S SIGNATURE: Esther M. Allison 485 0
25. FUNERAL DIRECTOR'S SIGNATURE: Meierhoffer-Hellman Inc. ADDRESS: St. Joseph, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 9 1955

MAY 18 1955

MAR 29 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....****.....*****....., Student Embalmer No.....

working under my personal supervision..

Student....***.....***.....
Signature of Student Embalmer

Signed Elbert E. Harrin

Licensed Embalmer No. 3258 M

P. O. Address St. Joseph, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.