

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37929**

FILED DEC 6 1955

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 349

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Francois Twp.</b>		c. LENGTH OF STAY (In this place) <b>23Y; 21das.</b>	c. CITY OR TOWN <b>Valley Park</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital No. 4</b>		e. STREET ADDRESS (If rural, give location) <b>Had!</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>FRED</b>	b. (Middle)	c. (Last) <b>CARMAN (CARMEN)</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 15, 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Sept. 15, 1883</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Manchester, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Otis Carman</b>	13b. MOTHER'S MAIDEN NAME <b>Lucinda</b>	14. NAME OF HUSBAND OR WIFE <b>Never Married</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <b>Records, State Hospital No. 4, Farmington, Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar pneumonia - - - - -</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Abt. 5 das.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) <b>490X</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Dementia Praecox Psychosis - - - -</b>		<b>Abt. 25 yrs.</b>

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)
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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 **Feb. 17, 1955**, to **Nov. 15, 1955**, that I last saw the deceased alive on **Nov. 15, 1955** and that death occurred at **4:50p m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John Brennan M.D.</b>	23b. ADDRESS <b>State Hospital No. 4, Farmington, Mo.</b>	23c. DATE SIGNED <b>11-15-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-18-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Manchester Methodist Cem., St. Louis County, Missouri</b>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <b>Nov. 15, 1955</b>	REGISTRAR'S SIGNATURE <b>Ether P. D. Hoff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Schneider Funeral Home, Ballwin, Mo.</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 20 1955

**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 *Paul K. Dugal* .....

Licensed Embalmer No. *5120*

P. O. Address *Farmington*

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.