

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**21010**

STATE FILE NUMBER

FILED JUL 16 1956

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Holden</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Holden</u> <sup>050</sup>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Holden Hosp.</u>			Length of stay in lb <u>7 Wks</u>	d. STREET ADDRESS (If outside, give location) <u>MADISON</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Rachel Elizabeth Carleton</u> <small>First Middle Last</small>				4. DATE OF DEATH <u>July 2 1956</u> <small>Month Day Year</small>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 15, 1883</u>	9. AGE (In years last birthday) <u>72</u>		10. UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	11. UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Monseratt, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>George Overton</u>				14. MOTHER'S MAIDEN NAME <u>Mary French</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Curtis Carleton, Holden, Mo.</u> <small>Address</small>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute Circulatory Failure</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Fractured Femur</u>					<u>35 days</u>	
	(c) <u>Post operative melanocarcinoma</u>					<u>16 months</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (1)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<u>atherosclerotic Heart Disease</u>							
20a. ACCIDENT <input checked="" type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Fractured femur 9040H</u>				
20c. TIME OF INJURY <u>5:30 p.m.</u>	Hour _____	Month _____	Day _____	Year _____	22 <u>22</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>Holden</u> <sup>051</sup>		COUNTY <u>Johnson</u>		STATE <u>Mo</u>
21. I attended the deceased from <u>5-14-56</u> to <u>7-2-56</u> and last saw her alive on <u>7-2-56</u> Death occurred at <u>5:25</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>R N Jones</u> <small>(Degree or title)</small>				22b. ADDRESS <u>Holden, Mo</u>		22c. DATE SIGNED <u>7-2-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 4, 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Tebo Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Henry Co, Missouri</u>			
24. FUNERAL DIRECTOR <u>J. E. Conzelman</u> <small>ADDRESS</small> <u>Clinton, Mo.</u>			25. DATE REC'D. BY LOCAL REG. <u>July 7, 1956</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. H. Z. Radford</u>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

V/S  
SEP 9 1959

RECEIVED  
JUL 9 1956  
JOHNSON COUNTY HEALTH DEP

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Eugene R. Connelan*.....

Licensed Embalmer No. *4*

P. O. Address *Clinton*

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