

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21419

State File No.

40138-56
FILED JUL 16 1956

BIRTH NO. 2 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 279

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN Sedalia		c. CITY OR TOWN Sedalia	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) 11 Hrs.		e. STREET ADDRESS (If rural, give location) 1510 East 5th.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) DEBORAH b. (Middle) LYNN c. (Last) CARWILE			4. DATE OF DEATH (Month) (Day) (Year) July 13 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH July 12, 1956	9. AGE (In years last birthday)	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City, and State or Foreign Country) Sedalia, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Charles F. Carwile	13b. MOTHER'S MAIDEN NAME Shirley Greer	14. NAME OF HUSBAND OR WIFE *****
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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) *****	16. SOCIAL SECURITY NO. *****	17. INFORMANT'S SIGNATURE OR NAME Charles F. Carwile	ADDRESS Sedalia, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		ANOXIA		1 hr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) of respiratory system		11 hrs
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
		Microcephalus; Rudimentary nasal cavity with one surface aperture leading to blind pocket		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION *****		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		7590		

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) ***	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> m.	21f. HOW DID INJURY OCCUR? **

22. I hereby certify that I attended the deceased from 12 Jul, 1956, to 13 Jul, 1956, that I last saw the deceased alive on 12 Jul, 1956 and that death occurred at 5:45 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Glenn A. Walker D.O.	23b. ADDRESS 400 W 4th St Sedalia, Mo	23c. DATE SIGNED 7/13/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial, 56	24b. DATE July 14, 56	24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	24d. LOCATION (City, town, or county) (State) Sedalia, Mo.
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DATE REC'D BY LOCAL REG. 7-16-56	REGISTRAR'S SIGNATURE Elyde A. Bridges	25. FUNERAL DIRECTOR'S SIGNATURE Wm. E. ...	ADDRESS Sedalia, Mo.
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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 *P. E. Baker*

Licensed Embalmer No. *241*

P. O. Address *S. C. Clark*

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.