

Health,
Welfare,
Public
Service

300
1-56

Every death certificate must be based on a medical examination. No symptoms will be listed. All diseases in Part 1 must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

378

1003

STATE FILE NUMBER 25342
8524

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Indiana b. COUNTY Vanderburg			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Evansville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alennon Memorial				Length of stay in lb		d. STREET ADDRESS (If outside, give location) 4913 Temple Ave.	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		3. NAME OF DECEASED (Type or print) First Stephen Middle Lee Last Carneal		4. DATE OF DEATH Month Sept. Day 12, Year 1956			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 18, 1950	
9. AGE (In years last birthday) 6		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		IF UNDER 24 HRS. Hours 0 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Evansville, Ind.	
12. CITIZEN OF WHAT COUNTRY? U.S.				13. FATHER'S NAME Arvil Carneal			
14. MOTHER'S MAIDEN NAME Margaret Canon				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			
16. SOCIAL SECURITY NO. None				17. INFORMANT Arvil Carneal, 4913 Temple			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Postoperative ventricular fibrillation Evansville, Ind. Interval between ONSET AND DEATH 3 1/2 hours Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Congenital heart disease, cyanotic (Tetralogy of Fallot) Interval between ONSET AND DEATH 6 yrs PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____				19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT <input 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.)					
20c. TIME OF INJURY: Hour: _____ Month: _____ Day: _____ Year: _____ p. m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 754.0				COUNTY STATE	
21. I attended the deceased from Sept 10, 1956 to Sept 12, 1956 and last saw her/him alive on Sept 12, 1956 Death occurred at 5:20 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE C. Rollins Houlton M.D. (Degree or title)				22b. ADDRESS 1325 S. Grand Blvd S + Lewis 4		22c. DATE SIGNED 9/13/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-13-56		23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		23d. LOCATION (City, town, or county) (State) Evansville, Ind.	
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.				25. DATE RECD. BY LOCAL REG. SEP 14 1956		26. REGISTRAR'S SIGNATURE John Smith MD	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Edmond H. Penick

Licensed Embalmer No. *42*

P. O. Address *St. Louis*

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.