

FILED MAR 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

11478

694

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>544</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood, Mo.</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY OR TOWN <u>Barnhart, Mo.</u>		Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>P. O. Box 473</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROY</u>			b. (Middle) <u>E.</u>			c. (Last) <u>CARVER</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 13, 1957</u>									
5. SEX <input type="radio"/> Male <input type="radio"/> Female		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 23, 1895</u>		9. AGE (In years last birthday) <u>62</u> 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) <u>Shop-Foreman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Sterling Bolt Co</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Hillsboro, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Carver</u>			13b. MOTHER'S MAIDEN NAME <u>Celia Null</u>			14. NAME OF HUSBAND OR WIFE <u>Julia Carver,</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-12-9138</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leroy W. Carver, Imperial, Mo.</u>					
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.				<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterial Sclerosis Head Disease</u>				3 yrs					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>490x</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>3/10</u> , 1957, to <u>3/12</u> , 1957, that I last saw the deceased alive on <u>3/13</u> , 1957, and that death occurred at <u>11:45 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Charles R. Brunson M.D.</u>				23b. ADDRESS <u>2069 Clay Hillman 22 MO</u>			23c. DATE SIGNED <u>3/14/57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-15-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grubville, Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Grubville, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3/14/57</u>		REGISTRAR'S SIGNATURE <u>Herbert A. Dombek</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fendler Und. Co, 7420 Michigan Ave.</u>				

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

Dr. Burnside
206 No. Clay
10-10:30 - Thurs.

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 *W. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *7420 Michi*

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.