

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14392

STATE FILE NUMBER

FILED APR 25 1957

Registration District No. 316 Primary Registration District No. 6074 Registrar's No. 126

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois			
b. CITY (If outside corporate limits, give TOWNSHIP) Desloge			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Desloge		0940	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION 409 Chestnut			Length of stay in lb 15 Yrs.		d. STREET ADDRESS (If outside, give location) 409 Chestnut		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Frank Middle Dean Last Carins			4. DATE OF DEATH Month April Day 15 Year 1957				
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 23, 1910		9. AGE (In years last birthday): 46	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Schoolteaching		10b. KIND OF BUSINESS OR INDUSTRY Public School		11. BIRTHPLACE (City and state or country) Scranton, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George Carins				14. MOTHER'S MAIDEN NAME Wanita Isaacs			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW - 11		16. SOCIAL SECURITY NO. - - - -		17. INFORMANT Address Mrs. Dorothy Carins, Desloge, Mo			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crownary thrombosis DUE TO (b) arterio sclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 15 min	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) H201						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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 _____ a. m. _____ 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		COUNTY STATE	
21. I attended the deceased from 4-15-57 to 4-15-57 and last saw ^{her} him alive on 4-15-57 Death occurred at 2:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) H. C. Gable M.D.				22b. ADDRESS Desloge Mo		22c. DATE SIGNED 4-15-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/19/1957	23c. NAME OF CEMETERY OR CREMATORY Scranton Cemetery		23d. LOCATION (City, town, or county) (State) Scranton, Kansas		
24. FUNERAL DIRECTOR ADDRESS C. Z. Boyer & Son Desloge, Mo			25. DATE RECD. BY LOCAL REG. April 15, 1957		26. REGISTRAR'S SIGNATURE Ether Redloff		

(Licensed Embalmer's Statement on Reverse Side)

779
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APR 26 1957

MAY 22 1957

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 *D. T. Boyer*

Licensed Embalmer No. *3161*

P. O. Address *Albany*

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.