

FILED JUL 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28853
STATE FILE NUMBER

Registration District No. 137

Primary Registration District No. 4218

Registrar's No. 508

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WINDSOR</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>WARSAW</u> 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>WINDSOR HOSP.</u>		Length of stay in 1b <u>6 days</u>	d. STREET ADDRESS <u>0080</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First "Middle" Last <u>DOUGLAS "G" CARNAHAN</u>			4. DATE OF DEATH Month Day Year <u>July 8 1957</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>FEB. 22, 1935</u>
9. AGE (In years last birthday) <u>22</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>16</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHAINMAN (Highway Dept)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Highway Dept</u>	11. BIRTHPLACE (City and state or country). <u>Pettis Co. Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>		13a. FATHER'S NAME <u>HENRY CARNAHAN</u>	
13b. MOTHER'S MAIDEN NAME <u>WILMA CARNAHAN</u>		14. NAME OF HUSBAND OR WIFE <u>JO. Linn Carnahan</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>2041</u>	17. INFORMANT Address <u>JO Linn Carnahan Warsaw</u>
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>Pulmonary Congestion</u> DUE TO (b) <u>Bronchopneumonia</u> DUE TO (c) <u>Myelogenous Leukemia Acute</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u> <u>10 days</u> <u>2 wks</u>
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 type="checkbox"/> NO <input checked="" 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.) <u>" "</u>	
20c. TIME OF INJURY Hour Month, Day, Year 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 <u>7-29-57</u> to <u>7/8/57</u> and last saw him alive on <u>7/8/57</u> Death occurred at <u>8:45 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>William J. Smith MD</u>		22b. ADDRESS <u>Windsor, Mo.</u>	22c. DATE SIGNED <u>7/8/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-10-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MACKS CREEK Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>MACKS CREEK Mo</u>
24. FUNERAL DIRECTOR <u>John F. Riser</u> ADDRESS <u>Warsaw, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>7-9-57</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUL 15 1957

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V
M

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 *John F. Reese*

Licensed Embalmer No. *4098*
P. O. Address *Warsaw*

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.