

FILED JAN 30 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5/43 47159  
STATE FILE NUMBER  
3007- Registrar's No. 150

Registration District No. 43 Primary Registration District No. 3007- Registrar's No. 150

V. S. 3007-1  
Rev. 1-57

1. PLACE OF DEATH a. COUNTY <u>Butler</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poplar Bluff Township</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Poplar Bluff</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4 Mi. W. of Poplar Bluff, Mo.</u>		Length of stay in 1b <u>3 weeks.</u>	d. STREET ADDRESS (If outside, give location) <u>4 Mi. W. of Poplar Bluff, Mo.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Callie</u> Middle <u>Carl</u> Last <u>Carman.</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>11</u> Year <u>1957.</u>		
5. SEX <u>Female.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 17, 1974.</u>	9. AGE (In years last birthday) <u>83.</u> IF UNDER 1 YEAR: Months <u>---</u> Days <u>---</u> IF UNDER 24 HRS.: Hours <u>---</u> Min. <u>---</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife.</u>	11. BIRTHPLACE (City and state or country) <u>Graves County, Kentucky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
13a. FATHER'S NAME <u>Robert Puryear.</u>		13b. MOTHER'S MAIDEN NAME <u>(Unknown) Dyer.</u>		14. NAME OF HUSBAND OR WIFE <u>T.L. Carman, (deceased).</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>None.</u>	17. INFORMANT <u>W.R. Carman, Poplar Bluff, Mo.</u> Address		
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>Cardiac decompensation - 3 days</u> DUE TO (b) <u>Hypertensive Heart Disease ?</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebral Thrombooses - 443X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
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 _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <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.) <u>8 Dec 57 to 11 Dec 57</u>	20f. CITY, TOWN, OR LOCATION <u>Poplar Bluff, Mo.</u>		COUNTY <u>Butler</u> STATE <u>Mo.</u>
21: I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22. SIGNATURE <u>Dr. A. B. ... MD</u> (Degree or title)			22b. ADDRESS <u>321 Oak Poplar Bluff, Mo.</u>		22c. DATE SIGNED <u>1 Jan 58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>		23b. DATE <u>Dec. 13, 1957.</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pope's Chapel Cemetery.</u>		23d. LOCATION (City, town, or county) (State) <u>Ripley County, Missouri.</u>
24. FUNERAL DIRECTOR <u>Ray Measor.</u>		ADDRESS <u>Doniphan, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1/24/58</u>	26. REGISTRAR'S SIGNATURE <u>R. S. ...</u>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED  
JAN 28 1958 JAN 28 1958

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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 Ray Meenan

Licensed Embalmer No. 3743

P. O. Address Doniphan,

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.