

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015448
STATE FILE NUMBER

FILED APR 17 1958

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 146

S. 300
1-57

0941

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

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 only) OR Farmington, Mo. TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Farmington, Mo. 0941 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 810 Ste. Genevieve		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 810 Ste. Genevieve Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Charles Middle Earl Last Carleton			4. DATE OF DEATH Month April Day 10 Year 1958
5. SEX 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 Aug. 23, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant.		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) South Bend Indiana.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Richard Carleton		13b. MOTHER'S MAIDEN NAME Ella Brown	14. NAME OF HUSBAND OR WIFE Wilma D. Carleton
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. E.E. Carleton Farmington, 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) Arteriosclerotic Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary sclerosis DUE TO (c) 4200			INTERVAL BETWEEN ONSET AND DEATH years
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.)	
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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 1956 to Apr 1958 and last saw him alive on Apr. 5, 1958 Death occurred at ? m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R. A. Huckstep M.D.		22b. ADDRESS Farmington, Mo	22c. DATE SIGNED 4/10/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 12-58	23c. NAME OF CEMETERY OR CREMATORY Hill View Memorial	23d. LOCATION (City, town, or county) (State) Near Farmington Mo.
24. FUNERAL DIRECTOR ADDRESS C.H. Cozcan Farmington, Mo.		25. DATE RECD. BY LOCAL REG. April 10, 1958	26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

JUL 10 1958

JUN 1 1958

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

Chacoza
Licensed Embalmer No. 4084
P. O. Address *San Antonio*

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.