

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020823  
STATE FILE NUMBER

FILED JUL 11 1958 Registration District No. 13 Primary Registration District No. 5062 Registrar's No. 92

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Barry</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>		
b. CITY OR TOWN <b>Monett, (Purdy)</b>			c. CITY OR TOWN <b>Monett, R.F.D. 1</b>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home, 2 Miles E. Purdy 69Yr.</b>			d. STREET ADDRESS (If outside, give location) <b>2 Miles E. Purdy, Mo.</b>		
3. NAME OF DECEASED (Type or print) <b>CHARLES O. CARLILE</b>			4. DATE OF DEATH Month - Day Year <b>June 25, 1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 22, 1889</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>3</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Barry County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Lewis Carlile</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Hadley</b>		14. NAME OF HUSBAND OR WIFE <b>Nora Baker Carlile</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Mrs. Nora Carlile Monett, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of Pancreas</b>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					
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 _____ a.m. _____ p.m. _____			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <b>Oct 2 - 1957</b> to <b>June 23 - 1958</b> and last saw her alive on <b>June 23 - 1958</b> Death occurred at <b>5:00 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Glenn H. Dalyer M.D.</b>			22b. ADDRESS <b>711 Main Cassville Mo.</b>		22c. DATE SIGNED <b>June 30 1958</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6/27/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Arnhart Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Barry County, Mo.</b>
24. FUNERAL DIRECTOR <b>J. D. Buchanan</b>			25. DATE RECD. BY LOCAL REG. <b>7-5-58</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. P. H. Cook</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, Coroner, etc., must use city standard nomenclature in item 18. No symptoms will be stated. All diseases in Part I must be causally related.

8961 17 7MP

NO. 758-144

DATE REC. 7-7-58

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 J. R. Bushanan

Licensed Embalmer No. 3179  
P. O. Address Monett, Mo.

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.