

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004219

STATE FILE NUMBER

FILED FEB 3 1959 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 18

300
1-57

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Nevada 1682 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 519 East Cherry		Length of stay in lb 54 years	d. STREET ADDRESS (If outside, give location) 519 East Cherry Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Guy Floyd Carlton			4. DATE OF DEATH Month Day Year Jan. 23, 1959
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 4/23/1876
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY Furniture Dealer	11. BIRTHPLACE (City and state or country) Conway Center N. H.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James A. Carlton	
13b. MOTHER'S MAIDEN NAME Mary Louis Hazelton		14. NAME OF HUSBAND OR WIFE Ethel Carlton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No. Furniture Dealer		16. SOCIAL SECURITY NO. 495-36-4157	17. INFORMANT Mrs. Ethel Carlton Address Nevada, 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) Acute haemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Peptic ulcer DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus; Hemiplegia			INTERVAL BETWEEN ONSET AND DEATH 10 hrs 3 years
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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 Dec 12, 1952 to Jan 23, 1959 and last saw him alive on Jan 15, 1959 Death occurred at 3125 12th on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Raymond H. W. M.D.		22b. ADDRESS Nevada Mo	22c. DATE SIGNED 1/29/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/27/59	23c. NAME OF CEMETERY OR CREMATORY Newton Burial Park
23d. LOCATION (City, town, or county) Nevada, Missouri		23e. DATE RECD. BY LOCAL REG. 1-29-1959	
24. FUNERAL DIRECTOR Eichinger Funeral Home-Nevada, MO.		26. REGISTRAR'S SIGNATURE Anna E. Jurey	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Rory F. Miller*

Licensed Embalmer No. *4805*

P. O. Address *Nevada, 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.