

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010041  
STATE FILE NUMBER

FILED APR 6 1959 Registration District No. 175 Primary Registration District No. 5650 Registrar's No. 27

300  
1-57

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1. PLACE OF DEATH a. COUNTY Lawrence County			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Oklahoma b. COUNTY Okla. Co.		
b. CITY OR TOWN On Highway #60 2.7 mi. W. Verona, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Oklahoma City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION SPRING RIVER TWP.		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 3124 Cashion Pl.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Carlin Ray Edgar			4. DATE OF DEATH Month Day Year March 26, 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 26, 1937	9. AGE (In years last birthday) 21	IF UNDER 1 YEAR Months Days 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) P. O. Dept. City carrier		10b. KIND OF BUSINESS OR INDUSTRY U. S. P.O.	11. BIRTHPLACE (City and state or country) Mt. Vernon, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Carlos Vinton Edgar		13b. MOTHER'S MAIDEN NAME Ethel Jaunitz Stark		14. NAME OF HUSBAND OR WIFE no	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes active Res. 9-11-55 to (447-34-9504		16. SOCIAL SECURITY NO. -55 to (447-34-9504		17. INFORMANT C. V. Edgar, Okla. City, Okla.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple fractures					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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 checked="" 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.) Car accident		
20c. TIME OF INJURY Hour Month, Day, Year o.m. p.m.			c 55		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION CITY STATE	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at About 10:10 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Deputy or title) Edwin Wilke (Coroner) 3			22b. ADDRESS Pierce City, Mo.		22c. DATE SIGNED 3-29-1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Mch. 27, 1959	23c. NAME OF CEMETERY OR CREMATION Odd Fellows Cemetery		23d. LOCATION (City, town, or county) (State) Marionville, Missouri.
24. FUNERAL DIRECTOR J. B. SurrIDGE		ADDRESS Marionville, Mo. 4-1-1959		25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Ora Mc Natt	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification  
All diseases in Part I must be causally related.

APR 4 1953

APR 7 1953

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 Roy H. Mercer, Jr.

Licensed Embalmer No. 4432

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.