

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016987
STATE FILE NUMBER

FILED JUN 1 1959 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 195

300
1-57

1. PLACE OF DEATH a. COUNTY CAPE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY DUNKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CAPE GIRARDEAU		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MALDEN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION OSTEOPATHIC GEN:		Length of stay in lb 1 DAY	d. STREET ADDRESS (If outside, give location) 208 W. CLEVELAND
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last GRAYDON CARLSTROM			4. DATE OF DEATH Month Day Year MAY 15 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 12-12-1902
9. AGE (In years last birthday) 56	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) DOCTOR	10b. KIND OF BUSINESS OR INDUSTRY DOCTOR	11. BIRTHPLACE (City and state or country) HAMILTON, MONTANA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME C. J. CARLSTROM		13b. MOTHER'S MAIDEN NAME BERTHA CARLSTROM	14. NAME OF HUSBAND OR WIFE FLORINA CARLSTROM
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give No or dates of service) No	16. SOCIAL SECURITY NO. 500-42-2791	17. INFORMANT Address Florina Carlstrom, Malden, 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) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last.	DUE TO (b) Arterial Hypertension		
	DUE TO (c) Arteriosclerotic Changes		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cirrhosis of Liver			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.) 331X		
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 5/14/59 to 5/15/59 and last saw him alive on 5/15/59 Death occurred at 5:45 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Ross B. Thompson D.O.	22b. ADDRESS 105 So. Spanish, Cape Girardeau,	22c. DATE SIGNED 5/19/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-18-59	23c. NAME OF CEMETERY OR CREMATORY PARK	23d. LOCATION (City, town, or county) MO. (State) MALDEN, MO.
24. FUNERAL DIRECTOR DAY & KNIGHT F. SERV, MALDEN, MO.	ADDRESS	25. DATE RECD. BY LOCAL REG. 5-28-59	26. REGISTRAR'S SIGNATURE Irene Kasten

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUN 8 1959

JUN 12 1959

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. S. Schuman*

Licensed Embalmer No. 4086

P. O. Address Malden

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.