

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018183

STATE FILE NUMBER

FILED MAY 25 1959 Registration District No. 157 Primary Registration District No. 5588 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Reeds		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Reeds		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Reeds, Mo.			Length of stay in 1b 0		d. STREET ADDRESS (If outside, give location) Reeds, Mo.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First E. Middle Earl Last Carwile				4. DATE OF DEATH Month May Day 11 Year 1959				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Nov. 28, 1887	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 1 Days 11 Hours 11 Min.	IF UNDER 24 HRS. Hours 11 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt.			10b. KIND OF BUSINESS OR INDUSTRY John R. Thompson Co.		11. BIRTHPLACE (City and state or country) Glendean, Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William Carwile				14. MOTHER'S MAIDEN NAME Malissa Adtkins				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) no		16. SOCIAL SECURITY NO. 451-01-8998		17. INFORMANT Mrs. William Hindman, Reeds, 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) Glomerulonephritis							INTERVAL BETWEEN ONSET AND DEATH 5 days	
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) Prostatitis with obstruction 611 X							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 _____ a. m. _____ p. m. _____								
20d. INJURY OCCURRED WHILE AT WORK <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 (May 10, '59)			COUNTY _____ STATE _____	
21. I attended the deceased from 6:00 PM on May 10, 1959 and last saw her alive on 15 May 59 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Henry Zimmerman M.D.				22b. ADDRESS 1201 Central Derby St. Mo.		22c. DATE SIGNED 14 May 59		
23a. BURIAL, CREMATION, REBURY (Specify)		23b. DATE May 13, '59	23c. NAME OF CEMETERY OR CREMATORY Sarcoxie Cemetery		23d. LOCATION (City, town, or county) (State) Sarcoxie, Mo.			
24. FUNERAL DIRECTOR Ulmer Funeral Home, Carthage, Mo.			25. DATE RECD. BY LOCAL REG. 5-15-59		26. REGISTRAR'S SIGNATURE Elly Cluita			

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1378

SEP 6 1962

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.....
[Handwritten Signature]

Licensed Embalmer No.

P. O. Address.....
[Handwritten Address]

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.