

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5783 59-018460

FILED MAY 28 1959 Registration District No. 215 Primary Registration District No. 4327 STATE FILE NUMBER Registrar's No. 1729

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1. PLACE OF DEATH a. COUNTY <b>Miller</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Miller</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richwoods twp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Iberia</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Iberia, Mo</b>		Length of stay in lb	d. STREET ADDRESS <b>R.R. #2</b>
			(If outside, give location)
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) <b>Murray Carleton</b>			4. DATE OF DEATH Month <b>May</b> Day <b>19</b> Year <b>1959</b>			
First	Middle		Last	Month	Day	

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>Apr 3, 1885</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Murray Carleton</b>	13b. MOTHER'S MAIDEN NAME <b>Annie Laurie Hayes</b>	14. NAME OF HUSBAND OR WIFE <b>Joan B. Carleton</b>
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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. <b>525-26-5105</b>	17. INFORMANT <b>Hope D. Carleton</b> Address <b>Iberia, Mo</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Congestive heart failure</b>		<b>1 yr.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Rheumatic heart disease</b>		<b>yes.</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 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.)
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20c. TIME OF INJURY Hour 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	COUNTY	STATE
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21. I attended the deceased from <b>1939</b> to <b>5/19/59</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>5/19/59</b> Death occurred at <b>5:45 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <b>W.M. Gould</b> (Print name or title)	22b. ADDRESS <b>Iberia Mo</b>	22c. DATE SIGNED <b>5/20/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5/21/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hickory Hill</b>	23d. LOCATION (City, town, or county) (State) <b>Brazito, Mo Cole Co.</b>
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24. FUNERAL DIRECTOR <b>Hedges Funeral Homes</b> ADDRESS <b>Iberia, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>May-21-1959</b>	26. REGISTRAR'S SIGNATURE <b>Jessie Perkins</b>
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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 *Walter R. Hedges* .....  
Licensed Embalmer No. *4265-* .....  
P. O. Address *Merri 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.