

No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

472

FILED JAN 13 1949

State File No.

BIRTH NO. _____ REG. DIST. NO. 49 PRIMARY REG. DIST. NO. 5174 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Adair Tw'n</u>	c. LENGTH OF STAY (In this place) <u>Lifetime</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Adair Tw'n</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>12 M. S. W. Gravois Mills</u>		d. STREET ADDRESS (If rural, give location) <u>12 M.S.W. Gravois Mills, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u>	b. (Middle) <u>Marion</u>	c. (Last) <u>Carver</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 4, 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 13, 1870</u>	9. AGE (In years last birthday) <u>78</u>	F UNDER 1 YEAR Months <u>11</u>	Days <u>22</u>	F UNDER 4 HRS. Hours <u></u>	Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Camden Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Marion Carver</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Barlett</u>	14. NAME OF HUSBAND OR WIFE <u>Lessie Carver</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lessie Carver</u>	ADDRESS <u>Gravois Mills, Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>yes</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Broken hip -</u> <u>General Debility -</u>		42-0-1	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) <u>Versailles, Mo</u> (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1 27-1948 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Dec. 12, 1948, to Jan. 4, 1949, that I last saw the deceased alive on Dec 12, 1948, and that death occurred at 4 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>P.F. Eekhoff</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Versailles, Mo.</u>	23c. DATE SIGNED <u>1-5-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 6-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rouch Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Gravois Mills, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-7-49</u>	REGISTRAR'S SIGNATURE <u>G.J. Myers, M.D.</u>	41	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.F. K... Versailles, Mo.</u>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 12-48-1586

Date Filed 1-12-49

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
Student Embalmer

Signed

Rene J. Bartram

Licensed Embalmer No. 4021

P. O. Address VERSAILLES, 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 this body is not embalmed, fact should be so stated above.