

FILED FEB 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4350

BIRTH NO. _____ REG. DIST. NO. 777 PRIMARY REG. DIST. NO. 3016 Registrar's No. 37

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

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1103 Moreau Drive		d. STREET ADDRESS (If rural, give location) 1103 Moreau Drive	

3. NAME OF DECEASED (Type or Print) Willie	a. (First)	b. (Middle) Howard	c. (Last) Carrington	4. DATE OF DEATH Feb 14 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH May 25-1861	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 8	IF UNDER 4 HRS. Days 20	IF UNDER 4 HRS. Hours	IF UNDER 4 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Warsaw, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Levi Keown	13b. MOTHER'S MAIDEN NAME Georgia Barkley	14. NAME OF HUSBAND OR WIFE Wm. J. Carrington
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Pearl Roosen, Jefferson City, Mo	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage.		
	ANTECEDENT CAUSES DUE TO (b) Hypertension Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		23. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 16th Feb, 1949, to 14th Feb, 1949, that I last saw the deceased alive on 14th, 1949, and that death occurred at 2:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE Leon B. Lake MD	(Degree or title)	23b. ADDRESS Jefferson City Mo	23c. DATE SIGNED 2-14-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/15/49	24c. NAME OF CEMETERY OR CREMATORY River View Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson City, Mo
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DATE RECD BY LOCAL REG. Feb. 15-1949	REGISTRAR'S SIGNATURE R.C. Harris MD	GENERAL DIRECTOR'S SIGNATURE Wm. J. Keown	ADDRESS Jefferson City, Mo
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AUG 10 1949

Date Filed
District File Number FEB 23 1949
District

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

Edgar L. Mosley

Student Embalmer No. *226*

working under my personal supervision.

Student *Edgar L. Mosley*
Student Embalmer

Signed *G. N. Zouner*

Licensed Embalmer No. *4579*

P. O. Address *Jefferson City, 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.