

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 15 1949

State File No. _____

No. 300
10. 48

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

BIRTH NO. _____		REG. DIST. NO. <u>245</u>		PRIMARY REG. DIST. NO. <u>3047</u>		Registrar's No. <u>218</u>	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u>		c. LENGTH OF STAY (in this place) <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u>		2 2	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>SALE MEMORIAL Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>815 No. High St. 0</u>			
3. NAME OF DECEASED (Type or Print) <u>CHARLES</u>		b. Middle <u>E.</u>		c. (Last) <u>CARR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 2. 1949</u>	
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. 30. 1866</u>	
9. AGE (In years last birthday) Months Days <u>83 . 2 2</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>ST. CLAIR Co. ILLINOIS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>N. A. CARR</u>		13b. MOTHER'S MAIDEN NAME <u>MELESSA</u>		14. NAME OF HUSBAND OR WIFE <u>LUVINA ISABELL. CARR.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>P. W. Carr. Neosho Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis, generalized</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none 4/201</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>47</u> , to <u>April 2</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>April 2, 1949</u> , and that death occurred at <u>7:25 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harold C. Lentz</u>				23b. ADDRESS <u>Neosho, Mo.</u>		23c. DATE SIGNED <u>April 6, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-4-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u>		24d. LOCATION (City, town, or county) (State) <u>Neosho Missouri</u>	
DATE REC'D BY LOCAL REG. <u>April 7, 1949</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Rossman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carley Thompson</u>		ADDRESS <u>Neosho Mo.</u>	

MAR 20 1950

RECEIVED
Morton Co. Health Officer No. #49-67
District Health Officer No. #13-79
District File Number #13-79
Date Filed

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 _____

Kenneth Patterson

Student Embalmer No. 270

working under my personal supervision.

Signed... *Kenneth Patterson* Student Embalmer

Signed *Barey Thompson*

Licensed Embalmer No. 3259

P. O. Address Neosho 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.