

FILED JUL 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24302

State File No. ....

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 233

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sodalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Beaman</u>	
c. LENGTH OF STAY (In this place) <u>36 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>			
3. NAME OF DECEASED a. (First) <u>PHILLIP</u>		b. (Middle) <u>A.</u>	
c. (Last) <u>CARRY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 10, 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>May 10, 1872</u>
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (State or foreign country) <u>Republic, Ohio</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>August Carry</u>		13b. MOTHER'S MAIDEN NAME <u>Mary King</u>	
14. NAME OF HUSBAND OR WIFE <u>Elizabeth Boone Carry</u>			
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: ADDRESS <u>Mrs. Elizabeth Carry, Beaman, 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>Carcinoma of Colon</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION <u>6/20 49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Obstruction of colon, metastasis to liver</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		153X	
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) _____	
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>6:30</u> , 19 <u>49</u> , to <u>7:10</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>7/10</u> , 19 <u>49</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>D. S. Yeager M.D.</u> (Degree or title)		23b. ADDRESS <u>Sodalia, Mo.</u>	
23c. DATE SIGNED <u>7/12 49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/12/49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Dresden Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dresden, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7-12-49</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Deputy</u>		ADDRESS <u>Sodalia, Mo.</u>	

RECEIVED JUL 18  
District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 7-19-49

1950 1949

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 \_\_\_\_\_

RICHARD D. CONN

Student Embalmer No. 261

working under my personal supervision.

Signed Richard D. Conn  
Student Embalmer

Signed Haven K. Dietz  
Licensed Embalmer No. 4583

P. O. Address Sedalia, 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.