

FILED AUG 22 1949

STANDARD CERTIFICATE OF DEATH

State File No. 27680

BIRTH NO.		REG. DIST. NO. 290		PRIMARY REG. DIST. NO. 4427		Registrar's No. 99	
1. PLACE OF DEATH a. COUNTY <u>Polaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Polk</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waverlyville</u>		c. LENGTH OF STAY (In this place) <u>20 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waverlyville Gen Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>RR 1 Box 364</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Julia</u>		b. (Middle) <u>Elizabeth</u>		c. (Last) <u>Carney</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>8</u> <u>8</u> <u>49</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>1902</u>		9. AGE (In years last birthday) <u>47</u>		10. IF UNDER 1 YEAR Months Days Hours Min.		11. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) <u>Marion County Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Archie Snodgrass</u>		13b. MOTHER'S MAIDEN NAME <u>Henriette Vanderpool</u>		14. NAME OF HUSBAND OR WIFE <u>Vernor Carney</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 <u>Roxanna Carney</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic fever</u> DUE TO (c) <u>Pericarditis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Intestinal obstruction</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u> <u>5 yrs?</u> <u>" ?</u> <u>6 wks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Malignancy of splenic flexure - colostomy performed</u>				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) <u>Rolla Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>8-7-49</u>		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>July 1, 1949</u> , to <u>8-8, 1949</u> , that I last saw the deceased alive on <u>8-7, 1949</u> , and that death occurred at <u>6 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Thelma C. Buckthorpe</u>		(Degree or title) <u>MA</u>		23b. ADDRESS <u>Rolla Mo</u>		23c. DATE SIGNED <u>8-8-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8-8-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oyer Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rolla, Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-15-49</u>		REGISTRAR'S SIGNATURE <u>Thelma C. Buckthorpe</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Gull</u>			
				ADDRESS <u>Rolla, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 24 1949

AUG 15 1949

SEP 16 1949

DEC 6 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Paul E. Mullen

Licensed Embalmer No. *4498*

P. O. Address *Rolla, 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.