

FILED DEC 7 1949

STANDARD CERTIFICATE OF DEATH

State File No. **36505**  
 Registrar's No. **389**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008**

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

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fulton</b>		c. LENGTH OF STAY (in this place) <b>20 yrs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>817 Centre</b>		d. STREET ADDRESS (If rural, give location) <b>817 Centre</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>FRED</b> b. (Middle) <b>YOUNG</b> c. (Last) <b>CARR</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 1, 1949</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>Jan 29, 1890</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Days <b>10</b>	IF UNDER 24 HRS. Hours <b>2</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Barber</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Barber</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>James Earl</b>	13b. MOTHER'S MAIDEN NAME <b>Lillian Cress</b>	14. NAME OF HUSBAND OR WIFE <b>Margaret Carr</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mary Fred Carr</b>	ADDRESS <b>817 Centre Fulton, Mo</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Degeneration</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 yrs</b>
	ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cardiac Decompensation</b>		<b>1 yr.</b>	
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 **1945** to **Death**, 19**49**; that I last saw the deceased alive on **12-1**, 19**49**, and that death occurred at **3:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John J. Brown M.D.</b>	(Degree or title)	23b. ADDRESS <b>Fulton Mo</b>	23c. DATE SIGNED <b>12-2-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/3/1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Millersburg</b>	24d. LOCATION (City, town, or county) (State) <b>Callaway County, Mo</b>
DATE REC'D BY LOCAL REG. <b>Dec 3-1949</b>	REGISTRAR'S SIGNATURE <b>Maretta Lawrence</b>	<b>426</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Maeyrie Funeral Home, Fulton, Mo</b>

District Health Officer No. 9,  
RECEIVED DEC 5 1954  
District File Number

**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.

Signed .....  
Student Embalmer

Signed Walter J. Haines, Jr.

Licensed Embalmer No. 4554

P. O. Address Fulton 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.