

FILED DEC 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36655

State File No. _____
Registrar's No. 132

BIRTH NO. _____ REG. DIST. NO. 91 PRIMARY REG. DIST. NO. 4428

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

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Missouri City)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Missouri City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) None	

3. NAME OF DECEASED (Type or Print)	a. (First) Fannie	b. (Middle) Lee	c. (Last) Carson	4. DATE OF DEATH (Month) (Day) (Year) Nov. 27-49
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 8-1866	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 8	IF UNDER 12 HRS. Days 19
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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) Missouri City, Missouri	12. CITIZEN OF WHAT COUNTRY? US.
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13a. FATHER'S NAME Anderson Poe	13b. MOTHER'S MAIDEN NAME Nancy	14. NAME OF HUSBAND OR WIFE James P. Carson
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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 Fred Carson ADDRESS Missouri City Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease & Senility DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4200	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 Nov 26, 1949, to Nov 26, 1949, that I last saw the deceased alive on Nov 26, 1949, and that death occurred at 3 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James H. Hillhaugh, M.D.	23b. ADDRESS Liberty Mo.	23c. DATE SIGNED 11-29-49
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Nov. 29-49	24c. NAME OF CEMETERY OR CREMATORY Missouri City	24d. LOCATION (City, town, or county) (State) Missouri City Mo.
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DATE REC'D BY LOCAL REG. 11/29/49	REGISTRAR'S SIGNATURE Caroline Hutchings	25. FUNERAL DIRECTOR'S SIGNATURE J. Sanchez - Archer Co. Liberty Mo. ADDRESS
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RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-9-49

SEP 2

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 John Lombardi
Licensed Embalmer No. 4448

P. O. Address Liberty

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.