

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED DEC 7 1949

State File No. 36846

BIRTH NO. _____		REG. DIST. NO. 119		PRIMARY REG. DIST. NO. 4193		Registrar's No. 30	
1. PLACE OF DEATH a. COUNTY Gasconade Co.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Montgomery.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hermann, Mo.		c. LENGTH OF STAY (In this place) 5 min.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bluffton, Mo. Rural Loutre		TR	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1008 Washington				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Jake		b. (Middle) Albert		c. (Last) Carver,		4. DATE OF DEATH (Month) (Day) (Year) Nov 14th 1949	
5. SEX Male		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 30th 1905	
9. AGE (In years last birthday) 44		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming & Labor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Near Americus, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Benjiman A. Carver,		13b. MOTHER'S MAIDEN NAME Fran. Zumstog.		14. NAME OF HUSBAND OR WIFE Mar. Virginia Carver,	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 722-14-8891		17. INFORMANT'S SIGNATURE OR NAME Mary V. Carver, Bluffton, Mo.		ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Head ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Falling bridge Timber DUE TO (c) (Inquest pending) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH E 9103 46	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Railroad track		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bluffton Montgomery Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 14-499:15 AM		21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? Falling Bridge Timber 70			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
22a. SIGNATURE (Degree or title) J. G. Blum, Coroner				23b. ADDRESS Hermann, Mo		23c. DATE SIGNED 11-15-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov 14th 1949		24c. NAME OF CEMETERY OR CREMATORY Bethony Cemetery		24d. LOCATION (City, town, or county) (State) West of Americus, Mo.	
DATE REC'D BY LOCAL REG 11/15/49		REGISTRAR'S SIGNATURE		FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DEC 3 1919
District Health Officer No. 9,
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.....

D. B. Baker,

working under my personal supervision.

Student Embalmer No.....

Signed.....

D B Baker

Signed.....

Student Embalmer

Licensed Embalmer No. 3375

P. O. Address Americus, 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.