

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 6 1950

BIRTH NO. 59029-49 REG. DIST. NO. 198 PRIMARY REG. DIST. NO. 5740 Registrar's No. 45

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

1. PLACE OF DEATH a. COUNTY <u>MAEON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>MAEON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bucklin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bucklin</u>	
c. LENGTH OF STAY (in this place) <u>long</u>		R.P. <u>61</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <u>LENA DALE CARRIKER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 20, 1949</u>		
a. (First)	b. (Middle)	c. (Last)	Date	Year	Day

5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>()</u>	8. DATE OF BIRTH <u>Sept 13, 1949</u>	9. AGE (In years last birthday) <u>13</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 24 HRS. Hours <u>7</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Bucklin, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Dale Cariker</u>	13b. MOTHER'S MAIDEN NAME <u>Lena Alberta Jacobs</u>	14. NAME OF HUSBAND OR WIFE
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 Days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Bronch</u>	ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (b)		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>491X</u>

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)
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 Dec 20, 1949, to Dec 20, 1949, that I last saw the deceased alive on Dec 20, 1949 and that death occurred at 7 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. M. D.</u>	23b. ADDRESS <u>New Concord</u>	23c. DATE SIGNED <u>Dec 21, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-22-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Macon Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Bucklin Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec 22, 1949</u>	REGISTRAR'S SIGNATURE <u>Josephine King</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Larson Funeral Service, Bucklin.</u>	ADDRESS
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RECEIVED 12/29/49
MACON COUNTY HEALTH DEPARTMENT
County File No. 1/50/80
Date Filed 1/5/50

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 *C. H. Larson*

Licensed Embalmer No. 4037

P. O. Address *Bucklin, 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.