No. 300
10-48

FILED FEB 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 542

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5284 Registrar's No. 6

0230

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

1. PLACE OF DEATH
a. COUNTY: Clark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Vernon Township
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Vernon Township 0230
d. STREET ADDRESS (If rural, give location): RFD

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle):
c. (Last): Carver

4. DATE OF DEATH (Month) (Day) (Year): Jan 30 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 1" 1881
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 3 Days 29 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Supt. U.S. Navy
11. BIRTHPLACE (State or foreign country): Vallejo California ALEXANDRIA, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: James Carver
13b. MOTHER'S MAIDEN NAME: Martha Dawson
14. NAME OF HUSBAND OR WIFE: Anne McDonald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Yards U.S. Navy
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Oscar Scheffler — ADDRESS: Alexandria Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gastric Carcinoma — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS: Gastric Ulcers — 151X
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

Correction by [illegible]

22. *I hereby certify that I attended the deceased from* 11/2", 1949, *to* 1/30, 1950, *that I last saw the deceased alive on* 1/30, 1950, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J M Riggs MD
23b. ADDRESS: Kanoka, Missouri
23c. DATE SIGNED: 1/31" 50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial Springs
24b. DATE: 2/2" 50
24c. NAME OF CEMETERY OR CREMATORY: Bluff Springs
24d. LOCATION (City, town, or county) (State): RFD Alexandria Mo

DATE REC'D BY LOCAL REG.: 2/2-1950
REGISTRAR'S SIGNATURE: [illegible] Bridges 61 0
25. FUNERAL DIRECTOR'S SIGNATURE: Geo W. DeJong — ADDRESS: Keokuk

(Licensed Embalmer's Statement on Reverse Side)

FEB 17 1950

MAR 17 1950

JUL 12 1950

FEB 15 1951

1950

FEB 8 1950

RECEIVED
District Health Officer No.
District File Number 2-20-2
Date Filed FEB 8 1950

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 My Self

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed George William DeJong

Licensed Embalmer No. 4519

P. O. Address Keokuk Ia

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Clark

State File No. 54249

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 31 st day of August 1950, 194..., before me appears H.R.Carver, who, upon his oath, states that the original record of ~~birth~~ death for Frank CARVER died ~~born~~ January 30, 1950, 19..., in the State of Missouri, and which was filed at Jefferson City on Feb. 9, 1950, should be corrected as follows:

Item No. 11 should read ALEXANDRIA, MISSOURI

Instead of Vallejo, California

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant H R Carver (Brother)
Relationship.

Alexandria, Mo.
Present Address.

Subscribed and sworn to before me this 31 st day of August 1950, 194...

My Commission expires My Commission Expires February 17, 1952 A. J. Tucker Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

m V. S. 135
OM—4-43.
I X36667