

FILED JAN 31 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **2086**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **2820** PRIMARY REG. DIST. NO. **2978** Registrar's No. **80**

1. PLACE OF DEATH a. COUNTY <b>Polk</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Polk</b> <b>D 140</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural Johnson Twp.</b>		c. LENGTH OF STAY (in this place) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3 miles West of Humansville</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Johnson Twp.</b>	
d. STREET ADDRESS <b>3 miles West of Humansville</b>		(If rural, give location)	
3. NAME OF DECEASED a. (First) <b>Laverna</b> (Type or Print)			b. (Middle) <b>Cassie</b>
c. (Last) <b>Carneal</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 25, 1950</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Jan. 29, 1861</b>
9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months <b>0</b>	IF UNDER 11 HRS. Days <b>0</b>	Hours <b>0</b>
Min. <b>0</b>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Benj. Nottingham</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Allen Thomas</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. G. A. Armstrong Bolivar, Mo.</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Senile</b> 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 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 <input type="checkbox"/> NO <input 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) (Min.)	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 <b>Jan 24, 1950</b> , to <b>Jan 25, 1950</b> , that I last saw the deceased alive on <b>Jan 24, 1950</b> , and that death occurred at <b>4:40 a. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>D. E. J. Brown, D.O.</b>		23b. ADDRESS <b>Callins, Mo.</b>	23c. DATE SIGNED <b>1-25-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>Jan 27, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Dunnegan Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Polk County Missouri</b>
DATE REC'D BY LOCAL REG. <b>1-26-50</b>	REGISTRAR'S SIGNATURE <b>Ralph Gordon</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Turpin Funeral Home</b> ADDRESS <b>Bolivar, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

300  
0-48

40

MAY 24 1950

RECEIVED

District Health Officer No. 7

District File Number 12-49-20

Date Filed 1-30-50

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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed *Ronald D. Lipine*

Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.