

FILED FEB 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3692**

BIRTH NO. _____ REG. DIST. NO. 379 PRIMARY REG. DIST. NO. 6263 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Webster</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Finley</u>	c. LENGTH OF STAY (In this place township) <u>All his life</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Finley</u> <u>1120</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>HOSPITAL OR INSTITUTION</u>		d. STREET ADDRESS (If rural, give location) <u>Seymour Rt 2</u>	
3. NAME OF DECEASED a. (First) <u>JAMES</u> (Type or Print)		b. (Middle) <u>SPILY</u>	
c. (Last) <u>CARRICK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 28 50</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 3, 1868</u>
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Webster County Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>Joseph Carrick</u>	
13b. MOTHER'S MAIDEN NAME <u>Martha Simils</u>		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) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ralph Carrick</u>
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> 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 checked="" 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 <u>1/26</u> , 19 <u>50</u> , to <u>1/28</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1/28</u> , 19 <u>50</u> , and that death occurred at <u>9:40 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. H. Zimmerman</u>		(Degree or title) <u>D. O. 2</u>	23b. ADDRESS <u>Novisfield Mo.</u>
23c. DATE SIGNED <u>1/30/50</u>		24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>1-30-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Way Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>South East Seymour</u>
DATE REC'D BY LOCAL REG. <u>2/4-1950</u>	REGISTRAR'S SIGNATURE <u>Gilbert Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kelley Ferrell Bergman</u>
ADDRESS <u>343</u>		ADDRESS <u>Seymour Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

120

FEB 17 1950

RECEIVED FEB 8 1950

District Health Office No. 6,

District File Number 250-188

Date Filed 2-8-50

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 H. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Fardland 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.