

FILED MAY 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16257

BIRTH NO. _____ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 5373 Registrar's No. 8-1950

1. PLACE OF DEATH a. COUNTY CRAWFORD		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CRAWFORD	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - OAK HILL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - OAK HILL 1280	
d. FULL NAME OF HOSPITAL OR INSTITUTION NEAR JAKES PRAIRIE		d. STREET ADDRESS (If rural, give location) NEAR JAKES PRAIRIE	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) FRANKLIN c. (Last) JOSEPH CARRY			4. DATE OF DEATH (Month) (Day) (Year) MAY 21 1950		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH MAY 15 1904	9. AGE (In years last birthday) 45	10. UNDER 1 YEAR 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM LABORER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (State or foreign country) NEAR OAK HILL, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME ALBERT CARRY	13b. MOTHER'S MAIDEN NAME LILLY CARROLL	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME EDWARD LEWIS WRIGHT, R. 3 Overmill	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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self Destruction		DUE TO (b) Gunshot Wound		
*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 (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				E976X

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) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) Groves, Missouri	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sparta, Cuba Crawford Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-21-1950 3:40 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Self Inflicted

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 _____, 19____, at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Paul A. Shaulder (Degree or title) Owner 3	23b. ADDRESS Cuba Mo.	23c. DATE SIGNED 4-21-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-23-50	24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cem	24d. LOCATION (City, town, or county) (State) Knobloch, Crawford Mo.
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DATE REC'D BY LOCAL REG. 4-22-50	REGISTRAR'S SIGNATURE Paul A. Shaulder 372	25. FUNERAL DIRECTOR'S SIGNATURE HARVEY STAHLE	ADDRESS Overmill Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
0.4880
1

RECEIVED 5-10-50

District Health Officer No. 5,

District File Number 550298

Date Filed 5-19-50

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, ~~only~~.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Harvey Kahle.....

Licensed Embalmer No. 4596.....

P. O. Address Owensville, 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.