

FILED MAY 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17185**

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3029 Registrar's No. 14

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Jefferson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jefferson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crystal City | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crystal City | |
| c. LENGTH OF STAY (in this place) 30 years | | d. STREET ADDRESS (If rural, give location) 1208 Burgess | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

| | | | | | | | | | | | | | | | |
|--|--|-------------------------------|------------|---|--|---------------------------------------|--|---|-------------------------|--------------------------------|--|---|--|--|--|
| 3. NAME OF DECEASED (Type or Print) ANNA | | | a. (First) | | | b. (Middle) | | | c. (Last) CARROW | | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 26, 1950 | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Feb. 10, 1884 | | 9. AGE (In years last birthday) 66/0/16 | | IF UNDER 1 YEAR Months Days | | IF UNDER 24 HRS. Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | | 11. BIRTHPLACE (State or foreign country) Monroe City, Ill | | | | 12. CITIZEN OF WHAT COUNTRY? USA | | | |

| | | | | | | | | |
|--|--|--|---|--|--|--|--|--|
| 13a. FATHER'S NAME George Hunter | | | 13b. MOTHER'S MAIDEN NAME Clara Liebauch | | | 14. NAME OF HUSBAND OR WIFE Nary L. Carrow | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | 16. SOCIAL SECURITY NO. None | | | 17. INFORMANT'S SIGNATURE OR NAME Nary L. Carrow ADDRESS 1208 Burgess Crystal City | | |

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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) Acute Bronchial Pneumonia | | DUPLICATE | | | | | | 3 days | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | 1 week | |
| 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) | | 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 Feb 23 ¹⁹⁵⁰ to Feb 26 ¹⁹⁵⁰, that I last saw the deceased alive on Feb 25 ¹⁹⁵⁰, and that death occurred at 2:30 ^{PM}, from the causes and on the date stated above.

| | | | | | |
|---|--|--|--|--|--|
| 23a. SIGNATURE [Signature] (Degree or title) MD | | 23b. ADDRESS Crystal City Mo | | 23c. DATE SIGNED Feb 26/50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 2/28/50 | | 24c. NAME OF CEMETERY OR CREMATORY Catholic | |
| 24d. LOCATION (City, town, or county) (State) Festus-Crystal City Mo | | 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Festus Mo | | DATE REC'D BY LOCAL REG. 2/27/50 | |
| REGISTRAR'S SIGNATURE [Signature] | | 142 | | REGISTRAR'S ADDRESS | |

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

15501
0

0501
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DATE RECEIVED 5-11-58

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

STATEMENT BY LICENSED EMBALMER

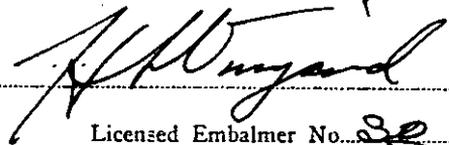
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....



Licensed Embalmer No. 3210

P. O. Address.....

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.