

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19199

Registrar's No. 30

BIRTH NO. _____		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 4548		Registrar's No. 30	
1. PLACE OF DEATH a. COUNTY Worth				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Worth			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Worth				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Worth			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) Alice		b. (Middle) Minerva		c. (Last) Carnes	
4. DATE OF DEATH		Month May		Day 24		Year 1950	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) widowed		8. DATE OF BIRTH 6 13 1859		9. AGE (In years last birthday) 90	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housewife		11. BIRTHPLACE (State or foreign country) Dallas County Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Chimm		13b. MOTHER'S MAIDEN NAME Minerva (unknown)		14. NAME OF HUSBAND OR WIFE Andrew Carnes			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Genie Mathews Worth, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Asthma ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerotic Cardiovascular Disease 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				INTERVAL BETWEEN ONSET AND DEATH 10 yrs 15 yrs 45/2/1	
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 1948 to May 1950 , that I last saw the deceased alive on 15 May, 1950 , and that death occurred at 5 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Frank B. Matterson D. med				23b. ADDRESS East city Mo		23c. DATE SIGNED 5/26/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5 26 1950		24c. NAME OF CEMETERY OR CREMATORY Prairie Chapel Cemetery		24d. LOCATION (City, town, or county) (State) Denver, Mo.	
DATE REC'D BY LOCAL REG. May 26-1950		REGISTRAR'S SIGNATURE John E. Dawson		345 25. FUNERAL DIRECTOR'S SIGNATURE Arch C. Duffee		ADDRESS East city, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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



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. 3252

P. O. Address Grant City, 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.