

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 17 1950

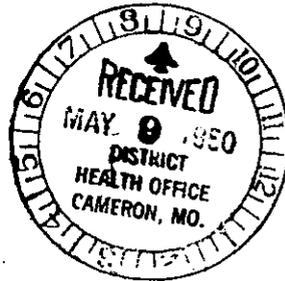
State File No. 21073

No. 300  
10.48

BIRTH NO. _____		REG. DIST. NO. 251	PRIMARY REG. DIST. NO. 5853	Registrar's No. 103
1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Nodaway		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville - rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville - rural 0740		
d. FULL NAME OF HOSPITAL OR INSTITUTION County Farm		d. STREET ADDRESS (If rural, give location) 2 miles west		
3. NAME OF DECEASED (Type or Print) a. (First) CHARLEY		b. (Middle) CARR		c. (Last) CARR
4. DATE OF DEATH (Month) (Day) (Year) 4 29 50				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) unknown	8. DATE OF BIRTH 10/8/70	9. AGE (In years last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Grand Rapids, Michigan
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME John Carr		13b. MOTHER'S MAIDEN NAME Susie Harris		14. NAME OF HUSBAND OR WIFE unknown
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 Bert Oliphant, Maryville, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 1 wk		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Congestive heart failure 5 mo		
		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. no 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) 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 4-25-50, to April 29, 1950, that I last saw the deceased alive on 4-29-50, and that death occurred at 6:30P m., from the causes and on the date stated above.				
23a. SIGNATURE L. E. Dean (Degree or title) M.D.		23b. ADDRESS Maryville, Missouri		23c. DATE SIGNED 5-2-50
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 5/4/50	24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State) Kirksville, Missouri				
DATE REC'D BY LOCAL REG. 5-6-1950		REGISTRAR'S SIGNATURE Bess Hult 229		25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home, Maryville, Mo.

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

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**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 \_\_\_\_\_

*John W. Price*

Licensed Embalmer No. 4281

P. O. Address Maryville 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.