

FILED AUG 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29210

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City 3008</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 3</u>		d. STREET ADDRESS (If rural, give location) <u>76 S. Warcell Road</u>	
3. NAME OF DECEASED a. (First) <u>Larcia</u> b. (Middle) <u>-</u> c. (Last) <u>Carey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-2-50</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>unknown</u>
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR (Months) (Days)	IF UNDER 1 HR. (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Virginia</u>
12. CITIZEN OF WHAT COUNTRY? <u>Foreign</u>		13. FATHER'S NAME <u>unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>U. S. A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Carl Krautter</u>		ADDRESS <u>92 S. Kroger Road, Newburg, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile Deterioration</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>None</u>	
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>8-20-1948</u> to <u>8-2-1950</u> , that I last saw the deceased alive on <u>8-2-1950</u> , and that death occurred at <u>4:08 P.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>J. N. Burch</u> (Degree or title)		23b. ADDRESS <u>State Hospital # 3</u>	
23c. DATE SIGNED <u>8-2-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	
24b. DATE <u>8-2-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington</u>	
24d. LOCATION (City, town, or county) (State) <u>Washington D. C.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edwin E. Eicher</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 7, 1950</u>		REGISTRAR'S SIGNATURE <u>Kathryn H. Janczyk</u> ADDRESS <u>331 E. Chicago Nevada, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED AUG 12 1950
Dist. File 850-957
Date Filed 8-14-50

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Mark E. Eisinger

Signed.....
Student Embalmer

Licensed Embalmer No. 2656

P. O. Address Newell, 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.