No. 300
10.48

FILED OCT 13 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30812

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 415

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (In this place): 12 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St John's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City, 3868
d. STREET ADDRESS (If rural, give location): 629 East 66th Street.,

3. NAME OF DECEASED (Type or Print)
a. (First): Carroll
b. (Middle): Francis
c. (Last): Day

4. DATE OF DEATH (Month) (Day) (Year): Sept 16, 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: August 27, 1899
9. AGE (In years last birthday): 51 — If under 1 year: Months 0, Days 19 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): C. F. Day Glass Co
10b. KIND OF BUSINESS OR INDUSTRY: Glass Retail
11. BIRTHPLACE (State or foreign country): St. Louis, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Scott Day
13b. MOTHER'S MAIDEN NAME:
14. NAME OF HUSBAND OR WIFE: Carolyn Day

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 486-09-7200
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Herb Van Fleet., Joplin, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Crush injury, chest. (Fatal) — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): _____
DUE TO (c): _____ — E8224

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 32

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 122
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Car accident
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Joplin Jasper Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 16 1950 2 15 A
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Car collision - Pinned beneath overturned car

22. *I hereby certify that I attended the deceased from* Sept 16, 1950, *to* Sept 16, 1950, *that I last saw the deceased alive on* Sept 16, 1950, *and that death occurred at* 3 15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Irwin Craig 0 M.D.
23b. ADDRESS: Frisco Bldg. - Joplin, Mo.
23c. DATE SIGNED: 9-20-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 11
24b. DATE: September 20, 1950
24c. NAME OF CEMETERY OR CREMATORY: Park Cemetery
24d. LOCATION (City, town, or county) (State): Carthage, Missouri

DATE REC'D BY LOCAL REG.: 9/25/50
REGISTRAR'S SIGNATURE: Ed. James 138 By Dolores Lempkins
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Ulmer Funeral Home, Carthage, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10-9-50
Jasper County Health Office
County File Number 50-9-707
Date Filed 10-10-50

OCT 17 1950

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 Charles E. Frey
Licensed Embalmer No. 4768
P. O. Address Joplin, 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.