

FILED OCT 16 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 30950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 384

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mt. Vernon, Route 1</b>			c. LENGTH OF STAY (in this place) <b>30 years</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mt. Vernon</b>			d. STREET ADDRESS (If rural, give location) <b>Route 1</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION							
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Emma</b>		b. (Middle) <b>Frances</b>		c. (Last) <b>Carr</b>	
4. DATE OF DEATH		(Month) <b>Oct.</b> (Day) <b>4,</b> (Year) <b>1950</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>May 1, 1870</b>		9. AGE (In years last birthday) <b>80</b>		IF UNDER 1 YEAR: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Albert H. Duree</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth Linticum</b>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Delbert Ross, Rt. 1, Mt. Vernon, Mo.</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute nephritis</b> ✓  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Anemia, Senility</b>  DUE TO (c) <b>(Supp. report)</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Degenerative heart</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 _____, 1945, to <b>October 3, 1950</b> , that I last saw the deceased alive on <b>October 3, 1950</b> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>S. M. Clark, M.D.</b> (Degree or title)				23b. ADDRESS <b>1175 S. National, Springfield, Mo.</b>		23c. DATE SIGNED <b>Oct. 4, '50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 6, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Summit Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Mt. Vernon, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Oct. 6, 1950</b>		REGISTRAR'S SIGNATURE <b>Cecil Hendricks</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Jessett Funeral Home Mt. Vernon, Mo.</b>			

(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

OCT 10 1950

Dist. File 1050-2084

Date Filed 10-10-50

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

*James W. Wair*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4650

P. O. Address Mt. Vernon, 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.