No. 300
10-48

FILED MAR 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8253

Bailey 0461 4

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) West Plains
c. LENGTH OF STAY (In this place) 6 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cross Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Howell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) West Plains 0460
d. STREET ADDRESS (If rural, give location) Rt 3

3. NAME OF DECEASED (Type or Print) a. (First) Carrie b. (Middle) B. c. (Last) Carr

4. DATE OF DEATH (Month) (Day) (Year) 2-4-51

5. SEX F 1
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 2
8. DATE OF BIRTH 2-22-1866
9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months 0 Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Campbell Co. Ky
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unk
13b. MOTHER'S MAIDEN NAME Unk
14. NAME OF HUSBAND OR WIFE Ed L Carr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ✓
17. INFORMANT'S SIGNATURE OR NAME Leroy Carr, West Plains ADDRESS 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) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Trauma fall in yard injured back — 3 weeks
DUE TO (c) — 9030

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
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.) fall in yard home
21c. (CITY, TOWN, OR TOWNSHIP) West Plains 0460 (COUNTY) Howell (STATE) Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 14 1951 3 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? unsteady because of age stumbled —

22. I hereby certify that I attended the deceased from Jan. 16, 1950, to Feb 4, 1951, that I last saw the deceased alive on 1/30, 1951, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE Virgil S Bailey (Degree or title) D.O.
23b. ADDRESS 107 Walnut West Plains Mo
23c. DATE SIGNED 2/27/51

24a. BURIAL, CREMATION, REMOVAL (Specify) B
24b. DATE 2-5-1951
24c. NAME OF CEMETERY OR CREMATORY Evergreen
24d. LOCATION (City, town, or county) West Plains (State) Mo

DATE REC'D BY LOCAL REG. 3-13-51
REGISTRAR'S SIGNATURE Beatrice Cook 379
25. FUNERAL DIRECTOR'S SIGNATURE Robertson, West Plains ADDRESS Mo

(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 MAR 19 1951

Dist. File 351-602

Date Filed 3-22-51

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.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.