

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12030

1280  
1

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 91 PRIMARY REG. DIST. NO. 5330 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <b>Crawford</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Crawford</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Osage Twp.</b>		c. LENGTH OF STAY (in this place) <b>69 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Osage Twp. 1280</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>near Huzzah, Mo.</b>			d. STREET ADDRESS (If rural, give location) <b>near Huzzah, Mo.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Walter</b> b. (Middle) <b>William</b> c. (Last) <b>Caringer</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 1, 1951.</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Aug. 29, 1881</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>- - - -</b>	11. BIRTHPLACE (State or foreign country) <b>Kentucky</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>William Caringer</b>		13b. MOTHER'S MAIDEN NAME <b>Harriet Mea</b>	14. NAME OF HUSBAND OR WIFE <b>Arizona Caringer</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Walter Caringer, Huzzah, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia.</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Nephrosclerosis.</b> DUE TO (c) <b>Arteriosclerotic Heart Disease</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>7 1/2 days.</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF 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) (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 <b>2-12</b> , 19 <b>51</b> , to <b>5-4-30</b> 19 <b>51</b> , that I last saw the deceased alive on <b>4-27</b> , 19 <b>51</b> , and that death occurred at <b>2:30 p.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>John Chas. Douber Jr M.D.</b> (Degree or title)			23b. ADDRESS <b>Steelville, Mo.</b>		23c. DATE SIGNED <b>5-4-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>May 3, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Shoal Creek Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Crawford Co., Mo.</b>
DATE REC'D BY LOCAL REG. <b>May 5, 1951</b>		REGISTRAR'S SIGNATURE <b>Elsie Hanson</b> 78		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thomas S. Haebler, Steelville, Mo.</b>	

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

MAY 8 1951

RECEIVED

RECEIVED  
MAY 10 1951

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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 Thomas S. Hebert

Licensed Embalmer No. 4332

P. O. Address Steelville, Missouri.

**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.