

STANDARD CERTIFICATE OF DEATH

State File No. 16246

FILED JUN 14 1951

BIRTH NO. _____		REG. DIST. NO. 128	PRIMARY REG. DIST. NO. 5465	Registrar's No. 488
1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Greene		
b. CITY OR TOWN Springfield Rural	c. LENGTH OF STAY (in this place) N. Campbell 10	c. CITY OR TOWN Springfield Rural N. Campbell 0390		
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD #10 Springfield, Mo.		d. STREET ADDRESS (If rural, give location) N. Highway 65 Route #10 0		
3. NAME OF DECEASED (Type or Print) a. (First) Nolie b. (Middle) F. c. (Last) Carney			4. DATE OF DEATH (Month) (Day) (Year) May 31 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 17 1878	9. AGE (In years) (Months) (Days) (Hours) (Min.) 72 6 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (State or foreign country) Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Russell lee		
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Franklin Carney		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Franklin Carney, R. # 10, Springfield 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) "Plus" Various Infest ANTECEDENT CAUSES Morbid 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.		INTERVAL BETWEEN ONSET AND DEATH 3 Weeks
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) 481X
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 May 1st, 1951, to May 31, 1951, that I last saw the deceased alive on May 31, 1951, and that death occurred at 2 P. M., from the causes and on the date stated above.				
23a. SIGNATURE W. Kelly MD		23b. ADDRESS Springfield Mo		23c. DATE SIGNED 6-2-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-3-51		24c. NAME OF CEMETERY OR CREMATORY Carney Cemetery
24d. LOCATION (City, town, or county) (State) Cape Fair, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Springfield, Mo Alma Lohmeyer Funeral Home		
DATE REC'D BY LOCAL REG. 6/4/51		REGISTRAR'S SIGNATURE J. E. Handley MD III (Licensed Embalmer's Statement on Reverse Side)		

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

L. X.

JUL 12 1961

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.....
Student Embalmer

Signed *James W. Wain*.....

Licensed Embalmer No. *4650*.....

P. O. Address *Springfield, Mass*.....

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.