

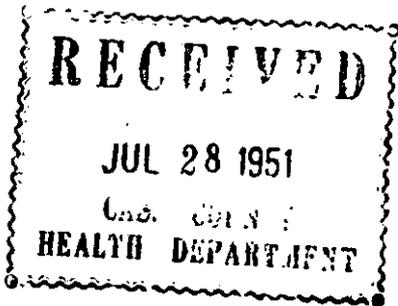
FILED JUL 31 1951

STANDARD CERTIFICATE OF DEATH

State File No. 22386

BIRTH NO. _____		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 5228		Registrar's No. 816			
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cass</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pleasant Hill (rural)</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pleasant Hill Mo. (rural)</u>		d. STREET ADDRESS (If rural, give location) <u>1000 1/2</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In pond</u>				d. STREET ADDRESS (If rural, give location) <u>1000 1/2</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>HOWARD</u>		b. (Middle) <u>AMER</u>		c. (Last) <u>CARNES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-21-1951</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>May 3-1929</u>			
9. AGE (In years last birthday) <u>22</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Pleasant Hill, Mo.</u>			
11. BIRTHPLACE (State or foreign country) <u>Pleasant Hill, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Asa R. Carnes</u>		13b. MOTHER'S MAIDEN NAME <u>Hallie Bigley</u>			
13a. FATHER'S NAME <u>Asa R. Carnes</u>		13b. MOTHER'S MAIDEN NAME <u>Hallie Bigley</u>		14. NAME OF HUSBAND OR WIFE <u>never married.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Milton Carnes</u>		ADDRESS <u>Pleasant Hill</u>			
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suffocation</u>				ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>rowning</u>					
				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.				69291 22	
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) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm pond</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Pleasant Hill, Cass Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7 21 51 4</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Swimming</u>					
22. I hereby certify that I attended the deceased from <u>7-21, 1951</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Deputy or title) <u>Edward S. Jones</u>				23b. ADDRESS <u>Harrisonville, Mo.</u>		23c. DATE SIGNED <u>7-23-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 23-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Quent Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo.</u>			
DATE REC'D BY LOCAL REG. <u>July 27, 1951</u>		REGISTRAR'S SIGNATURE <u>Dora Barlard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. D. Naylor</u>		ADDRESS <u>East Lyme Mo.</u>			

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



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 A. D. Nartzler

Licensed Embalmer No. 2717

P. O. Address East Lynne 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.