

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24015

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u>	
c. LENGTH OF STAY (In this place) <u>1 week</u>		d. STREET ADDRESS (If rural, give location) <u>400 North E St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike Co. Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harding</u> b. (Middle) <u>Barry</u> c. (Last) <u>Carr</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 21, 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>June 26, 1880</u>		9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>25</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Laborer</u>		11. BIRTHPLACE (State or foreign country) <u>Pike Co., Missouri</u>	
13a. FATHER'S NAME <u>James Wessley Carr</u>				13b. MOTHER'S MAIDEN NAME <u>Elizabeth K. Gibbs</u>	
13c. NAME OF HUSBAND OR WIFE <u>Naomi Carr</u>				14. NAME OF HUSBAND OR WIFE <u>Naomi Carr</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>Mrs. Charles England, Louisiana, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Peritonitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>from Ruptured Appendix</u> DUE TO (c) <u>and Acute Intestinal Obstruction</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>from Paralytic Ileus</u> <u>Chronic Myocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u> <u>"</u> <u>1 yr.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>5501</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

18a. 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) <u>Louisiana Missouri</u>	
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 July 14, 1957, to July 21, 1957, that I last saw the deceased alive on July 21, 1957, and that death occurred at 12:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert L. Andrae M.D.</u>		23b. ADDRESS <u>216 Georgia Street Louisiana Missouri</u>		23c. DATE SIGNED <u>7-21-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/23/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Pike Co., Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sterne Funeral Home, Louisiana, MO.</u>			

DATE REC'D BY LOCAL REG. <u>July 23, 1951</u>		REGISTRAR'S SIGNATURE <u>Bernice Collier</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sterne Funeral Home, Louisiana, MO.</u>	
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(Licensed Embalmers' Statement on Reverse Side)

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

0821
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Date Received: JUL 28 1951
DISTRICT HEALTH OFFICE #2
District File Number 757-1335
Date Filed: JUL 28 1951

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 Virginia M. Sterne

Licensed Embalmer No. 4645

P. O. Address Louisiana, 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.