

FILED AUG 21 1951

THE DIVISION OF HEALTH OF THE STATE OF TEXAS
STANDARD CERTIFICATE OF DEATH

State File No. 29273

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6197 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Douglas Texas</u> 1070		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Douglas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>South of Cabool Mo</u> 295 -		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural 1070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>South of Cabool - 0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOSEPH</u>	b. (Middle) <u>HENRY</u>	c. (Last) <u>CARR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 5 1951</u>
5. SEX <u>OM</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 15-1870</u>	9. AGE (In years last birthday) <u>81</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired oil worker</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Intx Vernon Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unk</u>	14. NAME OF HUSBAND OR WIFE <u>unk</u>
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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>Cody Carr R#1 Cabool Mo</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>72 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u>		
	DUE TO (c) <u>Hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. TYPE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug 1, 1951, to Aug 4, 1951, that I last saw the deceased alive on Aug 4, 1951, and that death occurred at 4:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harriet Logg Rubin</u>	23b. ADDRESS <u>Cabool Mo</u>	23c. DATE SIGNED <u>Aug 6/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Aug 6-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Ill.</u>	24d. LOCATION (City, town, or county) (State) <u>Freeburg Ill.</u>
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DATE REC'D BY LOCAL REG. <u>8-6-51</u>	REGISTRAR'S SIGNATURE <u>Raynell Cunningham</u> 325	25. FUNERAL DIRECTOR'S SIGNATURE <u>U. Elliott</u>	ADDRESS <u>Cabool Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED AUG 13 1951
Dist. File 8-21-486
Date Filed 8-13-51

AUG 27 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 Faylud V. Elliott
Licensed Embalmer No. 2252

P. O. Address Capitol

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.