

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 15 1951

BIRTH NO. .... REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 852

1396  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b> 1396	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. John Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>931 Concord</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>William</b>	b. (Middle) <b>R.</b>	c. (Last) <b>Carr</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 5, 1951</b>
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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>Oct. 13, 1878</b>	9. AGE (In years last birthday) <b>72</b>	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Operator of Carr Shade Factory</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Shade Factory</b>	11. BIRTHPLACE (State or foreign country) <b>Pottsville, Ark.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Tom Carr</b>	13b. MOTHER'S MAIDEN NAME <b>Mary (?)</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Elizabeth Carr</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Clyde Carr</b>	ADDRESS <b>Spfld, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>6 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Scirrhous sarcoma stomach</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>With gastric hemorrhage</b>		
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>10-4-51</b>	19b. MAJOR FINDINGS OF OPERATION <b>751X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 **10-2-1951** to **10-5-1951**, that I last saw the deceased alive on **10-5-1951**, and that death occurred at **4:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Georgette Hoover M.D.</b>	(Degree or title)	23b. ADDRESS <b>Springfield, Mo 609 Cherry St</b>	23c. DATE SIGNED <b>10-6-51</b>
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24a. BURIAL, CREMATION-REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10/7/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn</b>	24d. LOCATION (City, town, or county) (State) <b>Springfield, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>10-8-51</b>	REGISTRAR'S SIGNATURE <b>W.E. Handly</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H.H. Lohmeyer</b>	ADDRESS <b>Springfield, Mo.</b>
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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 *Gene L. Sawyer*

Licensed Embalmer No. 4734

P. O. Address *Springfield, S.C.*

**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.