

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

EC-1992 478.  
REG # 99597

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 343

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>PULASKI</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFF. BRKS, MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RICHLAND Route #3, Box 52</b> <b>0850</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETS. ADMIN. HOSP.</b>		d. STREET ADDRESS (If rural, give location) <b>NONE</b>	

3. NAME OF DECEASED (Type or Print) <b>EVERETT</b>	a. (First)	b. (Middle) <b>NMI</b>	c. (Last) <b>CARR</b>	4. DATE OF DEATH <b>FEBRUARY 8 1952</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>1-16-89</b>	9. AGE (In years last birthday) <b>62 Yr.</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	11. BIRTHPLACE (State or foreign country) <b>SWEDEBERG, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (State or foreign country) <b>SWEDEBERG, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>ANDREW J. CARR</b>	13b. MOTHER'S MAIDEN NAME <b>ADELINE HAMMONS</b>	14. NAME OF HUSBAND OR WIFE <b>JOSIE CARR (WIFE)</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>YES WWI</b>	16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF. BRKS, MO.</b>	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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>GANGRENE, LEFT FOOT, (POST-OP AMPUTATION)</b>		<b>1 month</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>DIABETES MELLITUS</b> (c) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>PULMONARY EMBOLUS</b>		<b>8 years</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>None</b>	20. AUTOPSY? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <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) (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 1-23, 1952, to 2-8, 1952, ~~that I attended the deceased~~ and that death occurred at 9:30 a.m., from the causes and on the date stated above.

22a. SIGNATURE <b>R R Allen</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>VAH JEFF. BRKS, MO.</b>	23c. DATE SIGNED <b>2-8-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>UNKNOWN</b>	24c. NAME OF CEMETERY OR CREMATORY <b>FAMILY CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>IBERIA, MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>2-9-52</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donha M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>HEDGES FUNERAL HOME, CROCKER, MISSOURI</b>	ADDRESS
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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 *Frank R. Amalany*  
Licensed Embalmer No. *4832*  
P. O. Address *St. Louis 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.