S. No. 300 FILED MAY 27 1952
V. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17459

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 4407 Registrar's No. 157

800

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LaMonte
c. LENGTH OF STAY (In this place) 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LaMonte 1800
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print) a. (First) ~~Kitty~~ Kittie b. (Middle) ~~Elliott~~ M. E. c. (Last) Carr

4. DATE OF DEATH (Month) 5 (Day) 12 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 10 1874
9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR Months 7 Days 2 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Elliott
13b. MOTHER'S MAIDEN NAME Mary Downing
14. NAME OF HUSBAND OR WIFE William Carr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Lois Carr LaMonte Mo. ADDRESS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Addison's Disease — INTERVAL BETWEEN ONSET AND DEATH 8 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis — 15 years

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION 274X
20. AUTOPSY? YES ☐ NO ☑

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from June, 1949, to 12 May, 1952, that I last saw the deceased alive on 1 May, 1952, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE D. R. Edwards (Degree or title) MD
23b. ADDRESS Sedalia, Mo
23c. DATE SIGNED 5-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-15-52
24c. NAME OF CEMETERY OR CREMATORY LaMonte Cemetery
24d. LOCATION (City, town, or county) (State) LaMonte Mo.

DATE REC'D BY LOCAL REG. 5/15-1952
REGISTRAR'S SIGNATURE A. Campbell MD Chief Hall deputy
25. FUNERAL DIRECTOR'S SIGNATURE Paul M Moore LaMonte Mo ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 15 1959

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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte 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.

State of Missouri } ss.
County of Pettis

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 1765 9-52

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 12th day of May, 1956, before me appears Lois Carr, who, upon her oath, states that the original record of ~~birth~~ death for Mrs. Kittie M. E. Carr, died May 12, 1952 in the State of Missouri, and which was filed at Lamonte, Mo on May 12, 1952, should be corrected as follows:

Item No. 3 should read KITTIE M. E. CARR

Instead of Kitty Elliott CARR

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Lois Carr Daughter
Relationship.

Lamonte, Mo
Present Address.

Subscribed and sworn to before me this 12th day of May, 1956

My Commission expires June 9, 1958

Lloyd Ripley Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—8-43
I X37817