

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **30084**

FILED JUL 14 1952

5. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>657</u>				
I. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)						
a. COUNTY <u>Greene</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Greene 0396</u>				
c. LENGTH OF STAY (In this place) <u>39 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		d. STREET ADDRESS (If rural, give location) <u>1055 S. Main</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VA Hospital</u>										
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)							
a. (First) <u>Walter</u>	b. (Middle) <u>L.</u>	c. (Last) <u>Carney</u>	July	2	1952					
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>September 30, 1892</u>		9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Salem, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Lewis J. Carney</u>			13b. MOTHER'S MAIDEN NAME <u>Mollie Mansfield</u>			14. NAME OF HUSBAND OR WIFE <u>Fern Carney</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW I</u>			16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VA Hospital Records, Springfield, Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p><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></p>			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary infarction</u>							
			ANTECEDENT CAUSES							
			<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p>							
			II. OTHER SIGNIFICANT CONDITIONS <u>Hydrops of the gall bladder with cholelithiasis</u>							
			<p>Conditions contributing to the death but not related to the disease or condition causing death.</p>							
19a. DATE OF OPERATION <u>June 27, 1952</u>		19b. MAJOR FINDINGS OF OPERATION <u>Hydrops of the gall bladder and cholelithiasis</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>4201</u>					
<p>22. I hereby certify that I attended the deceased from <u>May 24</u>, 1952, to <u>July 2</u>, 1952, that death occurred on the date stated above. and that death occurred at <u>1:25 A.M.</u>, from the causes and on the date stated above.</p>										
23a. SIGNATURE <u>W. F. Culbertson</u> (Degree or title) <u>Manager, VA Hospital, Springfield, Missouri</u>					23b. ADDRESS			23c. DATE SIGNED <u>7-2-1952</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July 2 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fair Play, Missouri</u>					
DATE REC'D BY LOCAL REG. <u>7/7/52</u>		REGISTRAR'S SIGNATURE <u>Guth Williams Def: Reg</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Barker, Quinn & Blue</u> ADDRESS <u>Fair Play, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

Edward P. Erwin

Licensed Embalmer No. 3092

P. O. Address Balixar, 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.