S. No. 300
EV. 10.48

0495

FILED JUL 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20840

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 279

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN
c. LENGTH OF STAY (In this place): 6 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOHN'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JASPER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN 0495
d. STREET ADDRESS (If rural, give location): 1522 1/2 MAIN

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): RENWICK
c. (Last): CARR

4. DATE OF DEATH (Month) (Day) (Year): JUN 21 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: JAN 6, 1874
9. AGE (In years last birthday): 78 — If under 1 year: Months / Days — If under 1 day: Hours / Min.

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

13a. FATHER'S NAME: F.W. CARR
13b. MOTHER'S MAIDEN NAME: HENRIETTA (UNKNOWN)
14. NAME OF HUSBAND OR WIFE: NONE

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.: 311-01-3413
17. INFORMANT'S SIGNATURE OR NAME: CHARLES POSTON
ADDRESS: Joplin

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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6-16-52

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease with generalized arteriosclerosis — Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congestive heart failure — Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4200
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?

22. *I hereby certify that I attended the deceased from* 6-16, 1952, *to* 6-21, 19 52, *that I last saw the deceased alive on* 6-21-, 1952, *and that death occurred at* 5:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Nelson L. Butterworth, M.D. (Degree or title)
23b. ADDRESS: 410 Jackson, Joplin, Mo.
23c. DATE SIGNED: 6-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JUN 25, 1952
24c. NAME OF CEMETERY OR CREMATORY: OSBORNE MEMORIAL
24d. LOCATION (City, town, or county) (State): Joplin Mo

DATE REC'D BY LOCAL REG.: 6-25-52
REGISTRAR'S SIGNATURE: 138-1 by Bobbie Lampkins D.R.
25. FUNERAL DIRECTOR'S SIGNATURE: HURLBUT GLOVER
ADDRESS: Joplin

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-9-52
Jasper County Health Office
County File Number 52/7/508
Date Filed 7-9-52

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 Dale Glover

Licensed Embalmer No. 4593

P. O. Address Joplin, 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.