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.S. No. 300
Rev. 10.48

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

24114

State File No. .....

FILED JUL 29 1952

BIRTH NO. ..... REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 1432 Registrar's No. 38

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

**1. PLACE OF DEATH**
a. COUNTY: FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-MERAMEC
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sullivan

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: FRANKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SULLIVAN, MO 0361
d. STREET ADDRESS (If rural, give location): 232 VIRGINIA

**3. NAME OF DECEASED** (Type or Print)
a. (First): WILLIAM
b. (Middle): F
c. (Last): CAREY

**4. DATE OF DEATH** (Month) (Day) (Year): JULY 18 1952

**5. SEX**: MALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED
**8. DATE OF BIRTH**: OCT. 19, 1927
**9. AGE** (In years last birthday): 24 — IF UNDER 1 YEAR: Months 8, Days 29 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): TRUCK DRIVER
**10b. KIND OF BUSINESS OR INDUSTRY**: CONSTRUCTION
**11. BIRTHPLACE** (City and State or Foreign Country): SULLIVAN, MO
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: ALBERT A. CAREY
**13b. MOTHER'S MAIDEN NAME**: NELLIA DAUGHERTY
**14. NAME OF HUSBAND OR WIFE**: INGEBORG CAREY

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): YES (If yes, give war or dates of service): 2/27/46 - 2/2/49
**16. SOCIAL SECURITY NO.**: 490-28-7744
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Ingeborg Carey Sullivan, Mo.

**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): AUTOMOBILE ACCIDENT

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): FRACTURED SKULL
DUE TO (c): LOST CONTROL OF CAR ON

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: CURVE ON HI-WAY 114 1 MI. E SULLIVAN

INTERVAL BETWEEN ONSET AND DEATH: instant

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: NO OTHER CAR INVOLVED 036
**20. AUTOPSY?** YES ☐ NO ☑

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): ACCIDENT
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): HIGHWAY 114
**21c.** (~~CITY, TOWN,~~ OR TOWNSHIP) (COUNTY) (STATE): MERAMEC FRANKLIN MO

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): JULY 18 1952 2:30 P.M.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☑
**21f. HOW DID INJURY OCCUR?**: AUTO ACCIDENT - PASSENGER.

22. *I hereby certify that I attended the deceased from ....., 19...., to ....., 19...., that I last saw the deceased alive on ....., 19...., and that death occurred at 2:30 p.m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Thos. P. Shoffer CORONER
**23b. ADDRESS**: SULLIVAN MO
**23c. DATE SIGNED**: 7/18/52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 7/22/52
**24c. NAME OF CEMETERY OR CREMATORY**: ST. ANTHONY CEMETERY
**24d. LOCATION** (City, town, or county) (State): Sullivan Mo.

**DATE REC'D BY LOCAL REG.**: 7-21-52
**REGISTRAR'S SIGNATURE**: [signature]
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: H. McEaton Sullivan, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JAN 21 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 Edgar W. Saffron

Licensed Embalmer No. 2394

P. O. Address Sullivan 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.