U.S. No. 300
REV. 10.48

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

0143
2

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30916

State File No. 30916

FILED OCT 14 1952

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 337

1. PLACE OF DEATH
a. COUNTY: State Hospital no 1. CALLOWAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FULTON MO
c. LENGTH OF STAY (in this place): 12 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL NO1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri MISSOURI
b. COUNTY: St CHARLES
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WENTZVILLE MISSOURI 0920
d. STREET ADDRESS (If rural, give location): /

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

4. DATE OF DEATH (Month) (Day) (Year): OCT 10- n1952

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower 2

8. DATE OF BIRTH: MAY 16- 1866

9. AGE (In years last birthday): 86 — If under 1 year: Months 4, Days 24; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Liggatt Myers Tobacco

11. BIRTHPLACE (City and State or Foreign Country): WENTZVILLE MO. 0

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: JOEL CARR

13b. MOTHER'S MAIDEN NAME: FANNIE SCHEELE

14. NAME OF HUSBAND OR WIFE: ANNIE RICHARDS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S SIGNATURE OR NAME: HOSPITALS RECORDS — ADDRESS: FULTON 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) Hypostatic Pneumonia, ~~MYOCARDITIS~~ — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) FRACTURED LEFT HIP — 35. Days
DUE TO (c) Accidently fell — 9/4/52

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* ARTERIO SCLEROSIS. E9037 20

19a. DATE OF OPERATION: 9/11/52

19b. MAJOR FINDINGS OF OPERATION: Open Reduction on Fractured Hip.

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / ~~SUICIDE~~ / HOMICIDE (Specify): 9/4/52

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hospital Ward.

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): FULTON MO — CALLOWAY — MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): (?$?%?) ? m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: SLIPPED OB FLOOR OF WARD.

22. *I hereby certify that I attended the deceased from* 9/4/52, 19__, *to* 10/10/52, 19__, *that I last saw the deceased alive on* 10/9/52, 19__, *and that death occurred at* 12:15 m. *from the causes and on the date stated above.*

23a. SIGNATURE: Dr Hunter M.W. (Degree or title) Jeffrey Fowler — **23b. ADDRESS**: FULTON MISSOURI — **23c. DATE SIGNED**: 10/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 12, 1952

24c. NAME OF CEMETERY OR CREMATORY: Linn Cemetery

24d. LOCATION (City, town, or county) (State): Wentzville Mo.

DATE REC'D BY LOCAL REG.: Oct. 10, 1952

REGISTRAR'S SIGNATURE: Marietta Lawrence

426-0

25. FUNERAL DIRECTOR'S SIGNATURE: Wallace — **ADDRESS**: Funeral Home Fulton Mo

(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 William C. Kreiser

Licensed Embalmer No. 4830

P. O. Address Fulton, 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.