U.S. No. 300
Rev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34002

State File No.

FILED OCT 7 1952

BIRTH NO. REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 152

1083
0

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nevada
c. LENGTH OF STAY (in this place): 3 yrs 8 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nevada City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Vernon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nevada 1082
d. STREET ADDRESS (If rural, give location): 1204 W. Cherry St. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Steophen
b. (Middle): Douglas
c. (Last): Carr

4. DATE OF DEATH (Month) (Day) (Year): 9-22-52

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): child 0
8. DATE OF BIRTH: 12-23-48
9. AGE (In years last birthday): 3 — If under 1 year: Months 8, Days 28, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Nevada, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Robert W. Carr
13b. MOTHER'S MAIDEN NAME: Kathal Cunningham
14. NAME OF HUSBAND OR WIFE:

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.: No
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Robert W. Carr Nevada, 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) Acute myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Peritonitis and lymphadenitis — 24 hours
DUE TO (c) Perforation Meckel's diverticulum — 6 hours

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

19a. DATE OF OPERATION: 21Sept1952
19b. MAJOR FINDINGS OF OPERATION: Perforation Meckel's diverticulum. 7562
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* Sept. 21, *19* 52, *to* Sept. 21, *19* 52, *that I last saw the deceased alive on* Sept. 21, *19* 52, *and that death occurred at* 8:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert B. May M.D.
23b. ADDRESS: Moore Building, Nevada, Missouri
23c. DATE SIGNED: 9/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 9-24-52
24c. NAME OF CEMETERY OR CREMATORY: Newton Burial Park
24d. LOCATION (City, town, or county) (State): Nevada, Mo.

DATE REC'D BY LOCAL REG.: 9-29-'52
REGISTRAR'S SIGNATURE: Anna L. Ferry 451 0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Eichinger Funeral Home, Nevada, 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 Percy F. Milster

Licensed Embalmer No. 4805

P. O. Address Nevada, 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.