

FILED NOV 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37579**

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 4026 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Purdy</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Purdy</u>	
c. LENGTH OF STAY (In this place) <u>31 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Calvin</u>		b. (Middle) _____ c. (Last) <u>Carney</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 6, 1952</u>			
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>Mar. 9, 1879</u>
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>27</u> IF UNDER 1 HR. Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Real Estate</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Cape Fair, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Burton Carney</u>		13b. MOTHER'S MAIDEN NAME <u>Thlitha Henson</u>	
14. NAME OF HUSBAND OR WIFE <u>Maude Carney</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Maude Carney</u>		ADDRESS <u>Purdy, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Obstruction of bowel</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) <u>Hemiplegia</u>			
DUE TO (c) <u>Hypertension</u>			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334X</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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov. 3, 1952</u> , to <u>Nov. 6, 1952</u> , that I last saw the deceased alive on <u>Nov. 6, 1952</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Glenn H. Salyer, M.D.</u> (De Registrar title)		23b. ADDRESS <u>Cassville Mo.</u>	
23c. DATE SIGNED <u>Nov. 10, 52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 10, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Purdy Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Purdy Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 12-1952</u>		REGISTRAR'S SIGNATURE <u>Claver A. Worthington</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Bennett-Worthington</u>		ADDRESS <u>Monett, Mo.</u>	

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

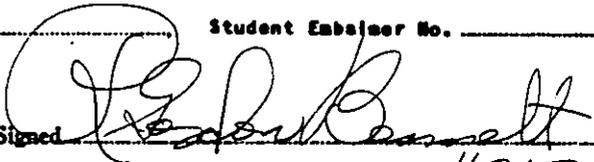
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision. _____
Student Embalmer No. _____

Student
Student Embalmer

Signed  _____
Student Embalmer No. _____

Licensed Embalmer No. 4213

P. O. Address Monett, Missouri

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.