

STANDARD CERTIFICATE OF DEATH

State File No. **37995**

FILED NOV 18 1952

BIRTH NO. _____ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 422 Registrar's No. 27

220
1

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

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>CHRISTIAN</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHRISTIAN</u> | |
| b. CITY OR TOWN <u>NIXA</u> | | c. CITY OR TOWN <u>NIXA</u> | |
| c. LENGTH OF STAY (in this place) <u>5 YEARS</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> <u>MAIN STREET</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u> | | | |

| | | | | | |
|--|---|---|--|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARENCE</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>CARR</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 2 - 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>FEB. 14 - 1876</u> | 9. AGE (In years last birthday) <u>76</u> | IF UNDER 1 YEAR Months Days Hours Min. |

| | | | |
|---|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BROOM MANUFACTURER</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>JEFFERSON, IOWA</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|---|--|---|--|

| | | |
|--|---|---|
| 13a. FATHER'S NAME <u>RICHARD CARR</u> | 13b. MOTHER'S MAIDEN NAME <u>LAURA SAWYER</u> | 14. NAME OF HUSBAND OR WIFE <u>MARY C. KELLEY, CARR</u> |
|--|---|---|

| | | |
|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>UNKNOWN</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. MARY CARR, NIXA, MO.</u> |
|--|--|--|

| | | |
|--|--|---|
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | INTERVAL BETWEEN ONSET AND DEATH |
|--|--|---|

| | | |
|-------------------------------|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4261</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m. | 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 5-21, 1951, to 11-2, 1952, that I last saw the deceased alive on 10-30, 1952, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

| | | |
|---|---|---|
| 23a. SIGNATURE (Degree or title) <u>Harold Shaffer D.O.</u> | 23b. ADDRESS <u>Nixa, Mo.</u> | 23c. DATE SIGNED <u>11-3-52</u> |
|---|---|---|

| | | | |
|---|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>NOV. 6 - 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>WATERLOO IOWA</u> |
|---|--|--|--|

| | | | |
|--|---|--|--------------------------------------|
| DATE REC'D BY LOCAL REG. <u>Nov. 6, 1952</u> | REGISTRAR'S SIGNATURE <u>Aline Dyer</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John Dean Harris</u> | ADDRESS <u>Claver, Mo.</u> |
|--|---|--|--------------------------------------|

(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 John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Cleveland, 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.