

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

1208

FILED JAN 12 1953

BIRTH NO.		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. LENGTH OF STAY (In this place) <u>10 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hemington</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel Osteopathic Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>112 E. 1st St.</u>			
3. NAME OF DECEASED (Type or Print) <u>Henry</u>		a. (First) <u>Henry</u>		b. (Middle) <u>3.</u>		c. (Last) <u>Carns</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>6</u> <u>1953</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>May 5 1908</u>		9. AGE (In years last birthday) <u>44</u>		10. UNDER 1 YEAR Months Days <u>44</u>		11. UNDER 2 HRS. Hours Min. <u>44</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dade County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Carns</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Crane</u>		14. NAME OF HUSBAND OR WIFE <u>Addie Lee Carns</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u>		16. SOCIAL SECURITY NO. <u>500-01-4697</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Addie Lee Carns</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>Cerebrovascular Failure.</u> ANTECEDENT CAUSES MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Pulmonary Congestion</u> DUE TO (c) <u>Bronchectasis</u> 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>526X</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) (Min.)		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>Jan 5</u> 19 <u>52</u> , to <u>Jan 6</u> 19 <u>53</u> , that I last saw the deceased alive on <u>Jan 6</u> 19 <u>52</u> , and that death occurred at <u>2:40</u> A. M., from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. W. W. ...</u>		23b. ADDRESS <u>Clinton</u>		23c. DATE SIGNED <u>Jan 6 52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-6-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hemington Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hemington, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan-6-53</u>		REGISTRAR'S SIGNATURE <u>Florence ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Beckwith Funeral Home</u>			
				ADDRESS <u>Hemington Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 O. H. Beckwith

Licensed Embalmer No. 8937

P. O. Address Hennepville 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.