

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4414

FILED FEB 1 1953

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>319</u>		PRIMARY REG. DIST. NO. <u>6078</u>		Registrar's No. <u>9</u>			
1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL JACKSON</u>		c. LENGTH OF STAY (In this place) <u>LIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL JACKSON</u>		0950			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>P.O. BLOOMDALE MO.</u>				d. STREET ADDRESS (If rural, give location) <u>P.O. BLOOMDALE MO.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARIE</u> b. (Middle) <u>EMILY</u> c. (Last) <u>CARRON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 26 1953</u>						
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 6 1862</u>		9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>BLOOMDALE MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>WILLIAM PATTERSON</u>		13b. MOTHER'S MAIDEN NAME <u>SOPHIE BRICKEY</u>		14. NAME OF HUSBAND OR WIFE <u>DAMIAN CARRON</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.	17. INFORMANT'S SIGNATURE OR NAME <u>Louis RLUKE Bloomdale MO</u> ADDRESS <u>481X</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Influenza</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>481X</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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 24 1953</u> , to <u>Jan. 26 1953</u> , that I last saw the deceased alive on <u>JAN. 24 1953</u> , and that death occurred at <u>3:30 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Arthur S. [Signature]</u> (Degree or title)				23b. ADDRESS <u>St. Genevieve MO</u>		23c. DATE SIGNED <u>1-26-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN 28 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CONCORD</u>		24d. LOCATION (City, town, or county) (State) <u>STE. GENEVIEVE CO. MO</u>				
DATE REC'D BY LOCAL REG. <u>Jan. 26, 1953</u>		REGISTRAR'S SIGNATURE <u>Luella Barber</u> 491		25. FUNERAL DIRECTOR'S SIGNATURE <u>Les C. Barber</u>		ADDRESS <u>St. Genevieve 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

Adrian J. Ethier

Licensed Embalmer No. *4240*

P. O. Address *St. Lawrence*

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.