

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **13844**

BIRTH NO. **21092** APR 20 1953 REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **374**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <b>GREENE</b>		a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>SPRINGFIELD</b> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD 0396</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>1818 COLLEGE 0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BAPTIST HOSPITAL</b>			

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <b>JAMES</b>	b. (Middle) <b>ALBERT</b>	c. (Last) <b>CARR</b>	(Month) <b>APRIL</b>	(Day) <b>10</b>	(Year) <b>1953</b>
(Type or Print)					
<b>5. SEX</b> <b>MALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>NEVER MARRIED</b>	<b>8. DATE OF BIRTH</b> <b>9 APRIL 1953</b>		<b>9. AGE</b> (In years last birthday) <b>0</b> IF UNDER 1 YEAR Months <b>0</b> Days <b>1</b> IF UNDER 4 HRS. Hours <b>0</b> Min. <b>0</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>INFANT</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>INFANT</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>MISSOURI 0</b>	
				<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	

<b>13a. FATHER'S NAME</b> <b>JAMES CARR</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>LORETA M. CARR</b>		<b>14. NAME OF HUSBAND OR WIFE</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b> (If yes, give year or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>No</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>JAMES CARR</b> ADDRESS <b>SPGFD. MO</b>	

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>24 Hrs</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Congenital Atelectasis</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Premature Birth (8 mo)</b> DUE TO (c) <b>None</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>			

<b>19a. DATE OF OPERATION</b> <b>None</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>None</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>7625</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from 4-9, 1953 to 4-10, 1953, that I last saw the deceased alive on 4-10, 1953, and that death occurred at 4:15 P. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>R. Conrad</b> (Degree or title) <b>M. A.</b>		<b>23b. ADDRESS</b> <b>Springfield, Mo</b>		<b>23c. DATE SIGNED</b> <b>4-11-53</b>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>24b. DATE</b> <b>Apr. 12, 53</b>		<b>24c. NAME OF CEMETERY OR CREMATORY (Location (City, town, or county) (State)</b> <b>Greenlawn Cemetery Springfield, Missouri</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>4-14-53</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Ernest Williamson</b>		<b>FUNERAL DIRECTOR'S SIGNATURE</b> <b>Reg. J. Klingner + Co. Spgfd. Mo.</b> ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

5. No. 300  
v. 10.48

5396  
0

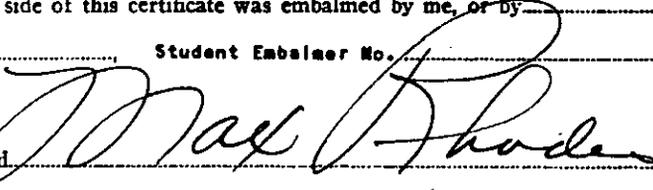
**STATEMENT BY LICENSED EMBALMER**

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  \_\_\_\_\_

Licensed Embalmer No. 4071

P. O. Address Springfield 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.