

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14683

State File No. _____

FILED APR 29 1953

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 192

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin Mo
c. LENGTH OF STAY (In this place) 1 wk
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo b. COUNTY Jasper
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sarcosie Mo
d. STREET ADDRESS (If rural, give location) 206 Crass St 0490

3. NAME OF DECEASED
a. (First) Clara b. (Middle) Carnes c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) 4-19-53

5. SEX F 6. COLOR OR RACE wh 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH 7-31-1880 9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) Sarcosie Mo 12. CITIZENSHIP OF WHAT COUNTRY? _____

13a. FATHER'S NAME F M Fullis 13b. MOTHER'S MAIDEN NAME Eugenia M Dintyre Brady Carnes 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. no 17. INFORMANT'S SIGNATURE OR NAME Mrs Hugo Houston Sarcosie Mo ADDRESS _____

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Paralysis.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage
DUE TO (c) Hypertension arterial with arteriosclerosis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 3 days.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 331x 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from April 11, 1953 to April 19, 1953, that I last saw the deceased alive on April 19, 1953, and that death occurred at 2:20 Pm., from the causes and on the date stated above.

23a. SIGNATURE H. Houston (Degree or title) Mo. 23b. ADDRESS Sarcosie, Mo. 23c. DATE SIGNED April 20, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 4-22-53 24c. NAME OF CEMETERY OR CREMATORY Sarcosie Cem 24d. LOCATION (City, town, or county) (State) Sarcosie Mo

DATE REC'D BY LOCAL REG. 4-23-53 REGISTRAR'S SIGNATURE Ed. J. ... 25. FUNERAL DIRECTOR'S SIGNATURE Hugh ... ADDRESS Sarcosie Mo

495
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 4-27-53
Jasper County Health Office

County File Number 53-4-360

Date Filed 4-28-53

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 me

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed Wm K. Jackson

Licensed Embalmer No. 3254

P. O. Address Jasper 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.