

FILED JUL 27 1953  
Dr. McHaneyTHE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH5-1915-24251  
State File No. 204

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>204</u>		
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>				
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Jefferson City</u>		c. LENGTH OF STAY (In this place) <u>40yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		d. STREET ADDRESS (If rural, give location) <u>1125 West Main Street</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1125 West Main St.</u>				d. STREET ADDRESS (If rural, give location) <u>1125 West Main Street</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louise</u>			b. (Middle) _____			c. (Last) <u>Carel</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>July 24 1953</u>								
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Jan-20-1862</u>	9. AGE (In years last birthday) <u>91</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 100 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cole County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Chas Schmitz</u>			13b. MOTHER'S MAIDEN NAME <u>Gertrude Kanaup</u>			14. NAME OF HUSBAND OR WIFE <u>Amos Carel</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lillian Eggen, Jefferson City, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerosis - Juncobylze</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS. <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>33ix</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>July 10, 1953, to July 24, 1953</u> , that I last saw the deceased alive on <u>July 21, 1953</u> and that death occurred at <u>7:30 a.m.</u> from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Dr. W. McHaney, M.D.</u>				23b. ADDRESS <u>Jefferson City, Mo</u>		23c. DATE SIGNED <u>7/25/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July-27-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Martin's Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St. Martin's, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>July 25-1953</u>		REGISTRAR'S SIGNATURE <u>R. G. Davis</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. R. Jordan</u>		ADDRESS <u>Jefferson City, 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 *Harold Jordan*

Licensed Embalmer No. *1786*

P. O. Address *Jefferson City, 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.