

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31323**

FILED SEP 21 1953

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BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY COLE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREEN					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY		c. LENGTH OF STAY (in this place) 1 mo. 11 days		c. CITY OR TOWN SPRINGFIELD		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION STATE PENITENTIARY HOSPITAL				e. STREET ADDRESS (If rural, give location) UNKNOWN					
3. NAME OF DECEASED (Type or Print)		a. (First) HAROLD		b. (Middle) J.		c. (Last) CARR			
4. DATE OF DEATH		(Month) SEPT.		(Day) 14		(Year) 1953			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		UNKNOWN			
8. DATE OF BIRTH		DEC. 22, 1896		9. AGE (In years last birthday)		56			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		CLERK		10b. KIND OF BUSINESS OR INDUSTRY		UNKNOWN			
11. BIRTHPLACE (City and State or Foreign Country)		UNKNOWN		12. CITIZEN OF WHAT COUNTRY?		U.S.A.			
13a. FATHER'S NAME		UNKNOWN		13b. MOTHER'S MAIDEN NAME		UNKNOWN			
14. NAME OF HUSBAND OR WIFE		UNKNOWN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		UNKNOWN			
16. SOCIAL SECURITY NO.		UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS STATE PENITENTIARY HOSPITAL RECORDS					
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) <i>Acute myocardial infarction</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>ruptured abdominal aorta</i> DUE TO (c) <i>aneurysm</i> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>MC</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		<i>none</i>			
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>Aug. 15, 1953</u> , to <u>Sept. 14, 1953</u> , that I last saw the deceased alive on <u>Sept. 14, 1953</u> , and that death occurred at <u>9:45 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>W. V. McKelvey M.D.</i>				23b. ADDRESS JEFFERSON CITY, MISSOURI		23c. DATE SIGNED 9/18/53			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Sept-18-53		24c. NAME OF CEMETERY OR CREMATORY Kirksville College of Kirksville, Missouri		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. Sept 18-53		REGISTRAR'S SIGNATURE <i>R. P. Davis M.D.</i>		FURNERAL DIRECTOR'S SIGNATURE <i>W. R. Gordon</i>		ADDRESS Jefferson City, Mo			

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

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Joseph J. Gordon*

Licensed Embalmer No. 1784

P. O. Address *J. J. Gordon*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (8
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.