

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED DEC 21 1953

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>320 East Howard, St.</u>		d. STREET ADDRESS (If rural, give location) <u>320 East Howard, St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>TIMOTHY</u> b. (Middle) <u>GENE</u> c. (Last) <u>CARNES</u>			4. DATE OF DEATH <u>Dec. 7, 1953</u> (Month) (Day) (Year)		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>March 14, 1940</u>		9. AGE (In years last birthday) <u>13</u>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grade School</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Richland, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James S. Carnes</u>		13b. MOTHER'S MAIDEN NAME <u>Neva Lucas</u>	
14. NAME OF HUSBAND OR WIFE <u>Never Married</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Thomas H. Carnes, Richland, Mo.</u>		18. CAUSE OF DEATH		19. INTERVAL BETWEEN ONSET AND DEATH	

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>Homicide with firearms.</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) _____		19. INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E981X</u>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>HOMICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sedalia Pettis Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>DEC 7 1953 8:00 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I ^{VIEWED} ~~observed~~ the deceased as a person, 1953, that I last saw the deceased alive on, 1953, and that death occurred at 8:00 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas. Gordon Stauffer, M.D.</u>		23b. ADDRESS <u>Conners, Pettis Co</u>		23c. DATE SIGNED <u>12-7-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/9/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Glover Chapel Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Camden County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Eckhart</u>		ADDRESS <u>Sedalia, Mo</u>	
DATE REC'D BY LOCAL REG. <u>12/12/53</u>		REGISTRAR'S SIGNATURE <u>W. J. Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Eckhart</u>	

GILLESPIE FUNERAL HOME
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

Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address Sedalia, 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.