

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3821

State File No.

FILED JAN 25 1954

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6277 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Wright</u> <u>1140</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Wright</u>	
b. CITY OR TOWN <u>Rural Boone</u> c. LENGTH OF STAY (in this place) <u>73 yrs</u>		c. CITY OR TOWN <u>Hartville</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		* STREET ADDRESS (If rural, give location) <u>1140</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANCIS</u> b. (Middle) <u>ARTHUR</u> c. (Last) <u>CARNEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>9</u> <u>54</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>4-26-1872</u>	9. AGE (In years last birthday) <u>81</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>Farmer.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Terra Haute Ind.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>JAMES W CARNEY</u>	13b. MOTHER'S MAIDEN NAME <u>MARY ANN VAUGHN</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth Irwin</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>486243004</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Pearman</u> ADDRESS <u>Hartville, MO</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis.</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>592 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) m.	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 12-1, 1953, to 1-9, 1954, that I last saw the deceased alive on 1-9, 1954, and that death occurred at 3:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>Hartville</u>	23c. DATE SIGNED <u>1-16-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-12-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Little Creek-Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hartville-county MO</u>
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DATE REC'D BY LOCAL REG. <u>Jan. 18, 1954</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>348</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John S. Simpson</u> ADDRESS <u>Hartville, MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed 1-23-54

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..... Signature of Student Embalmer

Signed *Rufus Barber*

Licensed Embalmer No. 384

P. O. Address *Mtn. Home*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.