No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7891

BIRTH NO. FILED APR 8 1954 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5136 Registrar's No. 215

9120

1. PLACE OF DEATH
a. COUNTY Butler Beaver Dam Twp.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Harville, Rural
c. LENGTH OF STAY (in this place) 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home, Rt. 1. Harville, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Harville, Rural
d. STREET ADDRESS (If rural, give location) Rt. 1.

0120

3. NAME OF DECEASED (Type or Print)
a. (First) Albert
b. (Middle) *
c. (Last) Carr

4. DATE OF DEATH (Month) (Day) (Year) March 28, 1954

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 13, 1875
9. AGE (In years last birthday) 78 — If under 1 year: Months 9, Days 15 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Mitchell, Indiana
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME No Record
13b. MOTHER'S MAIDEN NAME No Record
14. NAME OF HUSBAND OR WIFE Lillie Mariett Carr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Lillie Mariett Carr, **ADDRESS** Harville, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic Heart Disease — Undetermined
DUE TO (c) Advancing Age

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Chronic Glomerulonephritis — Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4200
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) m.
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* Sept. 19, 1953, *to* March 28, 1954, *that I last saw the deceased alive on* March 27, 1954, *and that death occurred at* 11:22A m., *from the causes and on the date stated above.*

23a. SIGNATURE J. L. Smith (Degree or title) Do.
23b. ADDRESS Box 328, Neelyville, Mo.
23c. DATE SIGNED 3-31-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3/29/54
24c. NAME OF CEMETERY OR CREMATORY Bernie Cemetery
24d. LOCATION (City, town, or county) (State) Bernie, Missouri

DATE REC'D BY LOCAL REG. 3/31/54
REGISTRAR'S SIGNATURE 489 R H Meinstreet
25. FUNERAL DIRECTOR'S SIGNATURE Russell Ernest — **ADDRESS** Corning Ark.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
APR 5 - 1954
BUTLER CO. HEALTH CENTER
FILE No._____

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 Leslie D. Russell

Licensed Embalmer No. 532 - M

P. O. Address Corning Ark.

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.