

FILED JUN 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17952

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 593

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0117</u>	
c. LENGTH OF STAY (In this place) <u>8 Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>104 No. 2nd St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>104 No. 2nd St.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HERBERT</u>	b. (Middle) <u>NOEL</u>	c. (Last) <u>CARR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 8, 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Oct. 14, 1896</u>	9. AGE (In years, last birthday) <u>57</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>Railroad Employee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (State or foreign country) <u>Conway, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Wm. R. Carr</u>	13b. MOTHER'S MAIDEN NAME <u>Olive Mayfield</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes</u> <u>W.W.# 1</u>	16. SOCIAL SECURITY NO. <u>488-16-2447</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Personal Records</u>	ADDRESS
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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, athermia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the Lining</u>		
ANTECEDENT CAUSES		DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Man has been in</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>the U.S. Veterans Hosp. for 1561</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Viewed making plans to re-enter the Wadsworth</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) <u>Hospital</u>

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?
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22. I hereby certify that I viewed the deceased On 6/8, 1954 to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:06 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. F. Mundy M.D. (Coroner)</u>	23b. ADDRESS <u>St. Joseph Mo</u>	23c. DATE SIGNED <u>6/8/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>June 11/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louisworth, Kans.</u>
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DATE REC'D BY LOCAL REG. <u>June 14, 1954</u>	REGISTRAR'S SIGNATURE <u>Kothen M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Barry Funeral Home, St. Joseph</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 21 1924

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 *Victor J. Barry*

Licensed Embalmer No. *4212*

P. O. Address *St Joseph 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.