

FILED AUG 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

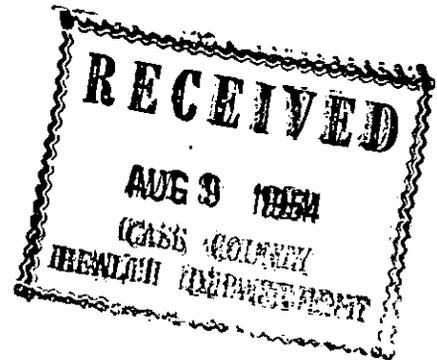
State File No. 22392

BIRTH NO. 41976-54 REG. DIST. NO. 579 PRIMARY REG. DIST. NO. 4097 Registrar's No. 131

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR Harrisonville		c. LENGTH OF STAY (in this place) 9 hours	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East Lynne	
3. NAME OF DECEASED (Type or Print)		d. STREET ADDRESS (If rural, give location)	
a. (First) Randy	b. (Middle) Lee	c. (Last) Carnes	4. DATE OF DEATH (Month) (Day) (Year) July 31 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH July 31, 1954
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	11. BIRTHPLACE (State or foreign country) Harrisonville, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Lee Wayne Carnes		13b. MOTHER'S MAIDEN NAME Martha Williams	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Lee Carnes East Lynne, Missouri
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY ATLECTASIS - ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PREMATURITY - 28 WKS gestation DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7625	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION CESAREAN SECTION Mother FOR PLACENTA PRAEVIA	
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, public 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 July 31, 1954, to July 31, 1954, that I last saw the deceased alive on July 31, 1954, and that death occurred at 2:30 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Type or Print) D. J. Jargon M.D.		23b. ADDRESS Harrisonville Mo.	
23c. DATE SIGNED Aug 1, 1954			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 1, 1954	
24c. NAME OF CEMETERY OR CREMATORY Orient Cemetery		24d. LOCATION (City, town, or county) (State) Harrisonville, Mo.	
DATE REC'D BY LOCAL REG Aug 1, 1954		REGISTRAR'S SIGNATURE K. O. Barner	
457-0		25. FUNERAL DIRECTOR'S SIGNATURE Anderson Bros. Harrisonville, Mo.	
		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Body was not embalmed

Signed *Robert W. Atkinson*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *4902*.....

P. O. Address *Hannamills, 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.