

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30115

FILED SEP 27 1954

State File No. 248
Registrar's No. 248

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldon	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 115 W. North	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) FRANCIS c. (Last) CARNEY			4. DATE OF DEATH (Month) (Day) (Year) Sept. 18, 1954			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 22, 1879	9. AGE (In years last birthday) 75	10. IF UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Bank Cashier		10b. KIND OF BUSINESS OR INDUSTRY Banking		11. BIRTHPLACE (State or foreign country) Miller Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Edward Francis Carney		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Elizebeth Carney		
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. 492-03-1109		17. INFORMANT'S SIGNATURE OR NAME Mrs. Elizebeth Carney		ADDRESS Eldon

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage			INTERVAL BETWEEN ONSET AND DEATH few weeks	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c)			years	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cholelithiasis			6-8 months	

19a. DATE OF OPERATION 9-2-54		19b. MAJOR FINDINGS OF OPERATION Cholelithiasis		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) (STATE) 331 X	
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?	

22. I hereby certify that I attended the deceased from Sept 1, 1954, to Sept 18, 1954 that I last saw the deceased alive on Sept 18, 1954 and that death occurred at 7:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dean A. Dailer M.D.		23b. ADDRESS Jefferson City, Mo.		23c. DATE SIGNED 9-18-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 20-54		24c. NAME OF CEMETERY OR CREMATORY Eldon		24d. LOCATION (City, town, or county) (State) Eldon, Missouri

DATE REC'D BY LOCAL REG. Sept 20-1954		REGISTRAR'S SIGNATURE R.P. Norris M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Louis B. Chelley		ADDRESS Eldon
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 20 1959

STATEMENT BY LICENSED EMBALMER

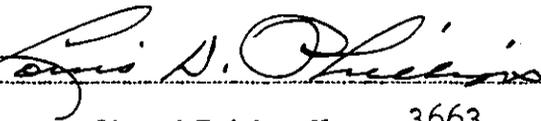
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Louis D. Phillips

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed 

Licensed Embalmer No. 3663

P. O. Address Eldon

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.