

No. 300
10-48

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32827

State File No.

FILED SEP 27 1954

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6200 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>TEXAS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MORRIS Twp.</u>	c. LENGTH OF STAY (In this place) <u>78 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MORRIS Twp. 1070</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>7 mi. NE CABOOL</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LETA</u> b. (Middle) <u>ROSEANN</u> c. (Last) <u>CARMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-21-54</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>1-4-1874</u>	9. AGE (In years last birthday) <u>80</u>	10. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>OREGON CO., MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Geo. Archer</u>	13b. MOTHER'S MAIDEN NAME <u>LUCINDA JARRETT</u>	14. NAME OF HUSBAND OR WIFE <u>CHAS.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Myrtle Pimel, Cabool</u>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>15 years</u> <u>15 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u>		
	DUE TO (c) <u>Hypertension</u>		
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>331 X</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) (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 May 17, 1954 to May 20, 1954, that I last saw the deceased alive on May 20, 1954, and that death occurred at 12:05 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Garrett Boyd Jr. M.D.</u>	23b. ADDRESS <u>Cabool MO</u>	23c. DATE SIGNED <u>9/23/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-23-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>JARRETT CEMET. TEXAS CO., MO.</u>
24d. LOCATION (City, town, or county) (State) <u>MO.</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>James L. Sentry, Cabool</u>	
DATE REC'D BY LOCAL REG. <u>9-24-54</u>	REGISTRAR'S SIGNATURE <u>Raynell Cunningham</u>	325-

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed *James L. Gentry*

Licensed Embalmer No. *4718*

P. O. Address *Calool, 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.