

FILED OCT 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34853

State File No.

BIRTH NO.		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>5936</u>		Registrar's No. <u>363</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).			
a. COUNTY <u>Pettis</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Smithton 20px</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Pettis</u>	
c. LENGTH OF STAY (in this place) <u>20px</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Smithton town</u>		d. STREET ADDRESS (If rural, give location) <u>0800</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wardles South Smithton</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <u>Manda</u>		b. (Middle) <u>Lee</u>		c. (Last) <u>Carver</u>		Oct 12-54	
5. SEX <u>♀</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>June 19-1930</u>	9. AGE (in years last birthday) <u>24</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>23</u>	IF UNDER 1 YEAR Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Otis Carver</u>		13b. MOTHER'S MAIDEN NAME <u>Mamie Betie</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mamie Carver</u> ADDRESS <u>Smithton</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephritis, Acute</u>				<u>5 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		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				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
						<u>6000</u>	
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) (Min.)		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 <u>10-7-1954</u> , to <u>10-12-1954</u> , that I last saw the deceased alive on <u>10-11-1954</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>P. V. Siegel MD</u>				23b. ADDRESS <u>Smithton Mo</u>		23c. DATE SIGNED <u>10-13-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Oct 14-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fake Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Smithton Mo</u>	
<u>Buried</u>							
DATE REC'D BY LOCAL REG. <u>10-19-54</u>		REGISTRAR'S SIGNATURE <u>L. Cooney Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. F. Vermeyer</u>		ADDRESS <u>Smithton Mo</u>	
		<u>2510</u>					

(Licensed Embalmer's Statement on Reverse Side)

OCT 23

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..... *A. F. Neumann*

Licensed Embalmer No. *3912*

P. O. Address..... *Smithton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.